

# **The Power of Community**



## **Ending Child Abuse and Neglect.**

**MARYLAND'S STATE  
COUNCIL ON CHILD ABUSE & NEGLECT**

**ANNUAL REPORT  
JANUARY 1, 2011 – DECEMBER 31, 2011**

"It is easier to build strong children than to repair broken men." - **Frederick Douglass**



#### **ACKNOWLEDGMENTS**

SCCAN is grateful to the many who support evidence-based and promising practices, as well as developing research-informed programs throughout the state. Special thanks this year go to:

- ❖ Council Members for sharing their expertise and for the many volunteer hours they have contributed to SCCAN.
- ❖ Council Member agencies for dedicating staff time and expertise to the important work of the Council.
- ❖ DHR Secretary Ted Dallas for his support of amendments to SCCAN's enabling legislation and providing a "home" and staff support for the Council. In addition, Secretary Dallas' willingness to reach out to advocates and stakeholders created solutions to credible concerns and support for development of an Alternative Response system in Maryland. SCCAN Council Members and staff look forward to working together with DHR and the Advisory Council for Implementation of Alternative Response.
- ❖ DHMH Secretary Josh Sharfstein for meeting with representatives of CHAMP (Child Abuse Medical Providers) and SCCAN; and, for including "*reducing child maltreatment*" as one of the 39 measures that represent what it means for Maryland to be healthy according to Maryland's SHIP (State Health Improvement Process).
- ❖ Rosemary King-Johnston, Executive Director of the Governor's Office for Children and Carnitra White, Executive Director of the Social Services Administration at DHR, for their support and involvement in the Enough Abuse Campaign and the Maryland Partnership to Prevent Child Sexual Abuse.
- ❖ Lynette Holmes, Deputy Secretary of Support Services at DJS, Roxanne Parson, Director, Professional Development and Training Unit at DJS, as well as, Norman Wallace and Reginald Garnett, Executive Directors for Juvenile Facilities, DJS for instituting Maryland's Enough Abuse Campaign to create safer facilities for Maryland's youth under PREA (Prison Rape Elimination Act).

- ❖ David Ayer, Deputy Director for Operations, Social Services Administration, Bill Fearington and their staffs at DHR for pulling, mapping and sharing census tract data on child sexual abuse throughout the state. The data has been shared with the MPPCSA and the local Enough Abuse Campaign communities chosen to pilot the EAC in their jurisdictions.
- ❖ Chuck Buckler, Director, Student Services & Alternative Programs Branch, for dedicating staff to partner with the Enough Abuse Campaign's Maryland Partnership to Prevent Child Sexual Abuse (MPPCSA) to consider use of the EAC within the Maryland Public Schools; as well as, to be trained in the EAC curriculum.
- ❖ Prevention Plan 2011 key informants, Rev. Dr. Mankekolo Mahlangu-Ngcobo, Lucia Barger, Earleen Beckman, R.N., Anne Hoffman, LCSW-C, Al Zachik, M.D., Carlo C. DiClemente, Ph.D., Philip J. Leaf, Ph.D., Andrea Gielen, PhD, Linda Heisner, M.S.W., Sabrena McAllister, M.S.W., Melissa Rock, J.D., Rhonda Lipkin, J.D., Molly Mara, Frank Kros, J.D., M.S.W., Joan B. Gillece, Ph.D., Wendy Lane, M.D., M.P.H., Jennie Boden, Elizabeth Bartholomew, Jeffrey Zuback, Rachel Kesselman, Joe Ehrmann, Jude Cassidy, Ph.D., Elizabeth LeTourneau, Ph.D., Charlie Slaughter, M.P.H., R.D., Deborah Harris, LISW, and Joyce Dantzer for lending their time and expertise to the development of a comprehensive statewide Child Maltreatment Prevention Plan for Maryland.
- ❖ The Maryland Home Visiting Alliance for its promotion and support of evidence-based and promising home visiting programs; and, its significant advocacy on behalf of Maryland's children and their families.
- ❖ The Krieger Foundation for their dedicated support and promotion of evidence-based and promising policies and practices that prevent child abuse and neglect within Baltimore City and across the state; including, the Maryland Home Visiting Alliance, the Pew Home Visiting Campaign and Circle of Security-Parenting.
- ❖ The Pew Center on the States for selecting Maryland as one of Pew's Home Visiting States, as well as, guidance on the development of the Maryland Home Visiting Accountability Act of 2012.
- ❖ The Governor's Office for Children and the Center for Maternal and Child Health for their support of Maryland home visiting programs.
- ❖ The Maryland Family Network for its tremendously successful advocacy work on behalf of evidence-based and promising home visiting programs.
- ❖ Members of the Coalition to Protect Maryland's Children for their support of child maltreatment prevention efforts in Maryland.
- ❖ The Honorable Catherine Curran O'Malley, Associate Judge of the District Court of Baltimore City; the Honorable Susan H. Hazlett, Administrative Judge, Harford County District Court; the Honorable Kathleen Cox, Associate Judge, Baltimore County Circuit Court; James P. Casey, Esq., Master for Juvenile Causes, Baltimore City Circuit Court; the Honorable Patrick L. Woodward Court of Special Appeals, Chair, Foster Care Court Improvement Project (FCCIP) Implementation Committee; Frank J. Kros, MSW, JD, President, The Upside Down Organization, Executive Vice President, Children's Guild; Joan B. Gillece, Ph.D., Project Director, National Center for Trauma Informed Care, National Coordinating Center for the Seclusion and Restraint Reduction Initiative, SAMSHA; Tracey Watkins-Tribbit, MSW, Director, FCCIP; and Hope G. Gary, Esq., Assistant Director, FCCIP for lending their time and expertise to the development of a Multi-Disciplinary Court Training Kit tools: "Parent Guide to CINA Cases" and "Consulting the Child on the Record".

## **TABLE OF CONTENTS**

|  | <b><u>Pages</u></b> |
|--|---------------------|
| LETTER FROM THE COUNCIL CHAIRPERSON .....  | 6-7                 |
| EXECUTIVE SUMMARY .....  | 8-12                |
| COUNCIL RECOMMENDATIONS .....  | 13-15               |
| • RECOMMENDATIONS FOR GOVERNMENT AGENCY PARTNER RESPONSE                                     |                     |
| • RECOMMENDATIONS FOR CHILD MALTREATMENT SYSTEM PARTNERS RESPONSE                            |                     |
| COUNCIL ACTIVITIES & ACCOMPLISHMENT .....  | 16-23               |
| MEETING THE CHALLENGES: CONTINUING THE WORK- 2012 & Beyond .....                             | 24-25               |
| APPENDICES   |                     |
| A. World Health Organization’s Child Abuse Prevention Theory of Change and Logic Model ..... | 26                  |
| B. SCCAN RECOMMENDED “REPORT ABUSE” DHR WEBSITE LANDING PAGE .....                           | 27-34               |
| C. “HOW DO I GET MY KIDS BACK?” CINA PARENT GUIDE .....                                      | 35                  |
| D. ENOUGH ABUSE CAMPAIGN MD Partnership to Prevent Child Sexual Abuse ..                     | 36-37               |
| E. ABOUT THE COUNCIL .....   | 38-39               |
| F. AGENCY RESPONSE TO SCCAN 2010 RECOMMENDATIONS .....                                       | 40                  |
| G. SCCAN in Maryland’s Family Law Article .....  | 41-42               |
| H. SCCAN and the Federal Child Abuse Prevention and Treatment Act (CAPTA) ...                | 43-44               |
| I. SCCAN Member Roster 2011 .....  | 45-48               |
| J. 2011-2013 SCCAN Meeting Calendars .....   | 49-51               |
| K. 2011-2013 SCCAN Prevention Committee Meeting Calendars .....                              | 52-54               |
| L. 2011-2012 SCCAN Prosecution Committee Meeting Calendar .....                              | 55                  |
| M. Prevention Plan Key Informant List .....  | 56-60               |

|                          |       |
|--------------------------|-------|
| N. SCCAN PROCEDURES..... | 61-80 |
|--------------------------|-------|



**State Council on Child Abuse and Neglect (SCCAN)**

**311 W. Saratoga Street, Room 530**

**Baltimore, Maryland 21201**

**Phone: (410) 767-7868**

**Mobile: (410) 336-3820**

**FAX: (410) 410-333-6556**

**[cremingt@dhr.state.md.us](mailto:cremingt@dhr.state.md.us)**

June 20, 2012

The Honorable Martin J. O'Malley  
Governor of Maryland  
State House  
100 State Circle  
Annapolis, Maryland 21401-1925

The Honorable Thomas V. Mike Miller, Jr.  
President of the Senate  
State House  
100 State Circle, Room H-101  
Annapolis, Maryland 21401-1991

The Honorable Michael E. Busch  
Speaker of the House  
State House  
100 State Circle, Room H-107  
Annapolis, Maryland 21401-1991

Re: Family – General Article, Annotated Code of Maryland, § 5-7A-09,  
State Council on Child Abuse and Neglect (SCCAN) Final Report for 2011

Dear Governor O'Malley, President Miller and Speaker Busch:

Pursuant to the requirements of Family – General Article, Annotated Code of Maryland, § 5-7A-09 and the federal Child Abuse Prevention and Treatment Act (CAPTA), I respectfully submit on behalf of the State Council on Child Abuse and Neglect (SCCAN) its unanimously adopted Annual Report. The Council makes recommendations for systems changes and improvements through this report that address its' legislative mandates:

- 1) *"to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities"*

Governor O'Malley, President Miller and Speaker Busch  
June 30, 2011  
Page 2 of 2

- 2) to *"report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs"*
- 3) to *"provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations"*
- 4) to *"annually prepare and make available to the public a report containing a summary of its activities"*
- 5) to *"coordinate its activities ... with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort"*

The Council makes fourteen recommendations on pages 15-17 for your consideration and endorsement.

I commend this report to you for your consideration. Let us work together to ensure that these recommendations receive the active response they deserve; so that, Maryland addresses its gaps in child maltreatment prevention policies, practices and services, so that we fully meet the needs of our children and their families. Thank you for your thoughtful attention to this report; and, most importantly, to coordinated efforts to create safe, stable and nurturing relationships and environments for all of Maryland's children.

Sincerely,

Patricia K. Cronin, Chair

cc: DHR Secretary Ted Dallas  
DHMH Secretary Josh Sharfstein  
DJS Secretary Sam Abed  
MSDE State Superintendent, Dr. Lillian M. Lowery  
Chair of the Children's Cabinet, Rosemary King-Johnston

## **EXECUTIVE SUMMARY**

2011 was a very productive as well as a transitional year for the State Council on Child Abuse & Neglect (SCCAN). Together with the Council's staff, the newly formed Governance and Executive Committees reviewed and developed several existing and new protocols for Council operations which the Council adopted. At the same time the Council's ad hoc committees on Prevention, Prosecution and Public Relations & Outreach carried out the respective work plan goals that they had developed. SCCAN's Prevention Committee continued to develop Maryland's Movement to Prevent Child Maltreatment together with key prevention informants, partners and stakeholders. The SCCAN Prosecution Committee, comprised of SCCAN and CJAC (Children's Justice Act Committee) members, initiated the development of tools for a Multi-disciplinary Court Training Tool Kit; partnering with the Courts and key experts to create a CINA Guide for Parents, as well as, a judicial tool to "Consult with the Child on the Record". Public Relations & Outreach Committee work focused on creating a site map for a SCCAN website and a Prevention Movement website, along with the proposed content of several website landing pages.

### **SCCAN's Goal and Role:**

SCCAN's priority goal continues to be building a statewide strategic and sustainable movement to prevent child maltreatment *before it occurs*. During the 2011 calendar year, SCCAN took the opportunity to clarify its role in prevention. There is a consensus among SCCAN members that the Council is a catalyst for change, rather than, an implementer of programs or policies. As such, the Council acts as an advisor, advocate for improved public policy, ambassador, convener, connector, consultant, influencer, informant, liaison, partner, policy developer, promoter for prevention, planner (short, mid and long-term) and supporter. In its role as a catalyst for change, the Council will continue to work to strengthen Maryland's efforts to prevent all forms of child maltreatment *before they occur*. SCCAN's specific efforts this year have focused on statewide Child Maltreatment Prevention Leadership Development; directing an Environmental Scan; building a statewide partnership (MPPCSA) to mobilize communities to prevent child sexual abuse; and, supporting effective statewide policies to further develop and expand evidence-based and promising home visiting programs proven to reduce child maltreatment.

### **SCCAN's Message and Strategies:**

The Council is united in its message to our policy-makers and the public: "Child maltreatment is **preventable**." As a complex public health problem involving equally complex risk factors (See Risk Factors in the Socio-ecological model below), preventing child maltreatment requires multiple solutions that reach beyond simple parent education programs. In Maryland, there is no statewide strategy for preventing child maltreatment *before it occurs*. "Upstream" prevention programs, as well as organizational practices and policies are fragmented throughout public and private agencies; and, they vary both qualitatively and quantitatively from agency to agency and jurisdiction to jurisdiction. As no single agency is charged with preventing child abuse and neglect, collaboration --- creating and implementing solutions in



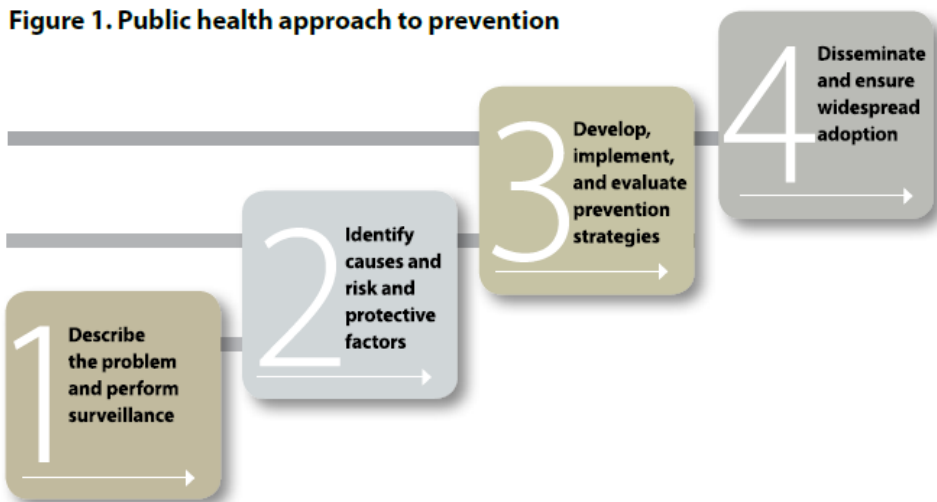
concert to achieve population level results that no one agency or jurisdiction has the reach or capacity to achieve on its own---is essential to our success.

During the past year, the Council and its Prevention Committee collected and reviewed materials, listened to speakers on the current status of child maltreatment in Maryland, and reviewed a variety of frameworks and interventions used to prevent child maltreatment *before it occurs*. Through its work, the Council has begun to put together valuable information about the current status of child maltreatment prevention nationally and statewide. The Environmental Scan being completed by the University of Maryland has been an important piece in developing informed child maltreatment prevention leadership within the state.

Public health and prevention movement-building frameworks have been used nationally, internationally, and in other states to organize and connect stakeholder child maltreatment prevention efforts for greater impact. SCCAN's efforts to build a statewide movement to prevent abuse before it occurs is organized around three well recognized frameworks: The Public Health Model, The Socio-Ecological Model, and The Spectrum of Prevention. The Council has also adopted the World Health Organization's "Child Abuse Prevention Theory of Change and Logic Model" to inform, guide, and connect our collective work to prevent child abuse *before it occurs*. (See Appendix A)

## 1. The Public Health Model

**Figure 1. Public health approach to prevention**



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Research Agenda

Using the Public Health Model has guided SCCAN's work by first, beginning to identify how big the child maltreatment epidemic is; where there are higher concentrations of the problem; who is most susceptible to the problem; and, what are the fiscal and societal costs for Maryland? Secondly, identifying causes and risk and protective factors allows us to understand why the

problem exists, including ways to reduce the risk and “immunize” populations by enhancing protective factors. Having done this important research, a third step will be to use the Environmental Scan research to develop, evaluate and prioritize strategies and interventions that are effective in breaking intergenerational cycles of child abuse and preventing child maltreatment *before it occurs*. Finally, fidelity to the public health model will require that we complete the all important fourth step by intentionally working to ensure dissemination and widespread adoption of effective strategies in order to make the best use of scarce resources.

## 2. Socio-Ecological Model

Child abuse prevention efforts to date have focused largely on changing individual behavior. The Socio-ecological model focuses on the fact that children develop in the context of multiple environments with multiple layers of influence. Interventions that seek to reduce a variety of risk factors while enhancing protective factors at each level is thought to be the most effective way to reduce the incidence and prevalence of child maltreatment in our society.



### 3. The Spectrum of Prevention\*:



\*Developed by Larry Cohen of the Prevention Institute, [www.preventioninstitute.org](http://www.preventioninstitute.org) ; and, adopted for child maltreatment prevention activities.

Use of The Spectrum of Prevention framework has guided the work of the Council and its Prevention Partners, helping them to consider activities and interventions at each level of the spectrum in order to maximize positive outcomes for our children, youth, families and communities. SCCAN has focused its efforts this past year on educating providers on effective frameworks, models, policies, practices and programs used in effective statewide child maltreatment prevention efforts.

As a part of this education process, SCCAN staff and the SCCAN Environmental Scan Workgroup provided direction and contract oversight to Innovations Institute and the Ruth H. Young Center at the University of Maryland as it prepared an Environmental Scan (EScan) of prevention policies, practices and programs throughout Maryland and the nation. The final report to SCCAN was originally due to be released in September 30, 2011. That date was extended until September 30, 2012. The EScan research will identify strengths and gaps in current child maltreatment prevention efforts and serve as the basis for developing recommendations for statewide efforts to prevent child maltreatment, including:

- Synthesize existing Maryland child welfare and other agency plans that have an impact on child maltreatment prevention;
- Inventory and analyze existing programs, services, resources, surveillance systems, policy and legislation, reports, surveys, and studies that identify the strengths and gaps in the state's current child maltreatment prevention efforts;

- Inventory sources of data already collected that are now or can be used for surveillance of child maltreatment and for the evaluation of prevention efforts; and,
- Suggest statistical benchmarks for key data elements that will be used to evaluate prevention efforts.

In addition, and during frugal economic times for both the public and private sectors, the Council has built on its prior actions toward a statewide prevention initiative, taking the following actions over the last year.

- Research and analysis of numerous policies, practices, programs and planning processes used nationally and in other states (staying abreast of prevention science and the current strategic frameworks, and evidence-based policies, practices and programs endorsed by the U.S. Centers for Disease Control and Prevention, the Children’s Bureau of the U.S. Department of Health and Human Services, and states that have taken the lead in CM prevention planning and implementation).
- Partnerships with public and private agencies to develop and support a community mobilization effort to prevent child sexual abuse --- The Enough Abuse Campaign. Within this campaign, the Council partnered with the lead agency, The Family Tree, to build the Maryland Partnership to Prevent Child Sexual Abuse (MPPCSA).
- Identification and recruitment of partners and stakeholders in CM prevention;
- Interviews of 26 key informants to inform the process and ensure input and buy-in from the wealth of expertise throughout the state;
- With the Administrative Office of the Courts and other stakeholders, the development of a CINA Guide for Parents: “How Do I Get My Kids Back?”

The Council has developed the following recommendations that if adopted will strategically improve child maltreatment prevention, detection and prosecution efforts in Maryland in the short and long-term:



**State Council on Child Abuse and Neglect (SCCAN)**

**RECOMMENDATIONS for Government Agencies' Response:**

1. **As current child maltreatment prevention efforts are fragmented across child and family serving agencies, SCCAN recommends that the Governor, the Children's Cabinet Secretaries, the President of the Maryland Senate and the Speaker of the Maryland House of Delegates, as well as other Executive and Legislative leadership endorse the development of a statewide, comprehensive Child Maltreatment Prevention Plan.** The plan should take a broad public health approach to child abuse prevention, focusing on individual, relational, community and societal factors that either contribute to child maltreatment (risk factors) or lessen the risk of child maltreatment (protective/ resilience factors), rather than focusing solely on the child protection system. This approach will incorporate a pro-active response to child maltreatment that focuses on child and family well-being, housing, jobs, education, the media and other factors that affect the health of Maryland families; as well as, improving systems that currently react to child maltreatment once a family is identified as being "at-risk" or "in-risk" of abuse and/or neglect.
2. **SCCAN recommends that the Planning process be launched by the Governor with the collaboration and support of Cabinet Secretaries and the support of the Judicial and Legislative branches. As the Environmental Scan is scheduled to be completed by September 30, 2012, the launch of the planning process should ideally take place either by the end of 2012 Calendar Year , or during Child Abuse Prevention Month in April of 2013 to ensure timely use of the data collected.**
3. **SCCAN recommends that the Governor issue an Executive Order to develop a Child Maltreatment Prevention Plan for the State of Maryland that shall take a broad, public health approach to child abuse and neglect prevention, and shall recommend strategies that enhance protective factors and reduce risk factors at individual, family, community and societal levels.** SCCAN proposes that the following governmental branches, executive agencies and state leaders in child maltreatment prevention should take an active role in the Planning process: A Member of The Maryland House of Delegates; A Member of The Maryland Senate; A Member of The Maryland Judiciary; The Secretary of Budget and Management or designee; The Secretary of Disabilities or designee; The Secretary of Health and Mental Hygiene or designee; The Secretary of Human Resources or designee; The Secretary of Juvenile Services of designee; The State Superintendent of Schools or designee; The Executive Director of the Governor's Office for Children or designee; The Executive Director of the Governor's Office on Crime Control and Prevention; The Secretary of Housing and Community Development or designee; The Secretary of Labor Licensing and Regulation, Division of Workforce Development (unemployment, job training, adult education workforce transition) or designee; The Department of Public Safety and Correctional Services or designee; The Chair and Executive Director of the State Council on

Child Abuse and Neglect; The SCCAN Prevention Committee Chairs; and leaders from parent and foster parent advocacy groups, former foster care youth organizations, survivors' groups, private foundations, research institutions, advocacy groups, as well as, leaders from the health, legal, faith, business, law enforcement and education communities.

4. **The Governor, Children's Cabinet and Legislature should send a joint letter inviting private agencies to participate side-by-side governmental leaders to ensure the development and implementation of an efficient and economically feasible plan of action.**
5. **SCCAN recommends that DHR hosts a SCCAN and Child Abuse Prevention Website to begin by September of 2012.**
6. **SCCAN recommends that DHR creates a statewide, toll-free, 24 hour, 7 day-a-week Report Child Abuse Hotline, 1-800-MD-CHILD (1-800-632-2443) that will connect reporters directly to the appropriate local office or law enforcement to report suspected child abuse or neglect. Other numbers available in Maryland are 1-800-MD-ABUSE (1-800-632-2873) and 1-888-MD-ABUSE (1-888-632-2873).**
7. **SCCAN recommends that DHR prominently display on its home page, as well as that of CPS a "Report Child Abuse & Neglect" hotlink. "Report abuse and neglect" is currently rotating #6. Hotlinks that are periodically displayed or difficult to find tend to make reporting more cumbersome and potentially less likely. "Report Child Abuse & Neglect" hotlink (including image) should be present on each major DHR webpage.**
8. **SCCAN recommends that DHR make several improvements to its "Report Child Abuse" landing page. SCCAN's specific recommendations for a child abuse reporting landing page are contained in Appendix A. Council members and staff gathered information from the following resources: DHR's current site, Maryland law, other states, including New Jersey <http://www.nj.gov/dcf/index.shtml> , Arkansas <http://www.arkansas.gov/reportARchildabuse/> Vermont <http://dcf.vermont.gov/aboutDCF> , and New York <http://www.ocfs.state.ny.us/main/> to name examples of several clear, accessible and up-to-date landing pages.**
9. **SCCAN recommends that each of the child and family serving agencies represented on the Children's Cabinet as well as GOC and GOCCP include a hyperlink to the Enough Abuse Campaign (Child Sexual Abuse Prevention) on appropriate web pages within their agency.**
10. **SCCAN recommends that DHR encourages Baltimore City's local DSS to pilot the CINA Guide for Parents "How Do I Get My Kids Back?" developed by the AOC with the input from SCCAN. (See Appendix B) After piloting the guide to ensure that it is helpful to parents, it may be adapted to other local jurisdictions and used by other court stakeholders as well.**



State Council on Child Abuse and Neglect (SCCAN)

**RECOMMENDATIONS for Child Maltreatment Systems' Response:**

1. **SCCAN recommends that the Administrative Office of the Courts encourages Baltimore City Circuit Court to disseminate the CINA Guide for Parents "How Do I Get My Kids Back?" developed by the AOC with the input from SCCAN. (See Appendix B)** After piloting the guide to ensure that it is helpful to parents, the guide may be adapted to other local jurisdictions and used by other court stakeholders as well.
2. **SCCAN recommends that Maryland's Foster Care Court Improvement Project continues to work with SCCAN and multi-disciplinary experts to develop and disseminate Multi-Disciplinary Court Training Kit tools for participants working with children and families within the civil and criminal Court systems.** Tools similar to that created and shared by Frank Kros at the recent CANDO Conference to assist the Court with the requirement to "Consult the Child on the Record" help to create a courtroom that is less intimidating and stressful for the child victim and may enhance the multi-disciplinary court participants' focus on the needs of the child.
3. **SCCAN recommends that all hospitals in Maryland work toward providing infant safe sleep and abusive head trauma prevention education to all parents of newborns.** The program should include a champion, a consistent message, and the systems to track outcomes.
4. **SCCAN recommends that all home visiting programs in Maryland incorporate infant safe sleep and abusive head trauma prevention education to all parents who they visit.** The program and educational messages should be coordinated with and consistent with hospital based efforts.

## **COUNCIL ACTIVITIES & ACCOMPLISHMENTS**

SCCAN has focused its efforts over the last year on its goal to develop leadership among its members and partners in the prevention of *child maltreatment before it occurs*.

### **Using the Spectrum to outline multifaceted efforts to sustain MARYLAND'S Movement to Prevent Child Maltreatment:**

| LEVEL OF PREVENTION                  | DEFINITION OF LEVEL  | SCCAN ACTIVITIES 2011  |
|--------------------------------------|--|--|
| 6. Influencing Policy & Legislation  | Developing strategies to change laws and policies to influence outcomes.   | <p>PREVENTION:</p> <p>Overall Movement:</p> <ul style="list-style-type: none"> <li>Alternative Response: SCCAN provided an opportunity for stakeholders to share their interest and concerns with DHR regarding proposed AR legislation at its December 2011 Prevention Committee meeting.</li> <li>SCCAN members met with DHMH Secretary Josh Sharfstein requesting that <i>reducing child maltreatment</i> be included as one of the measures that represent what it means for Maryland to be healthy according to Maryland's SHIP (State Health Improvement Process).</li> <li>SCCAN participated in and provided an opportunity to inform stakeholders regarding proposed child sexual abuse reporting laws in response to the Penn State child sexual abuse scandal.</li> </ul> <p>Enough Abuse Campaign:</p> <ul style="list-style-type: none"> <li>Identified promoting policies and legislation to prevent child sexual abuse, support victims and hold abusers accountable as a priority for the MPPCSA and the Enough Abuse Campaign.</li> </ul> <p>Home Visiting Campaign:</p> <ul style="list-style-type: none"> <li>Supported development of Maryland's Home Visiting Accountability Act of 2012 through its participation in the Maryland Home Visiting Alliance.</li> </ul> |
| 5. Changing Organizational Practices | Adopting regulations and shaping organizational norms to improve efforts to prevent child maltreatment <i>before it occurs</i> . | <p>Overall Movement:</p> <ul style="list-style-type: none"> <li>The Council continues to promote an "upstream" approach to child maltreatment. Currently most state and federal resources are targeted at responding to abuse and neglect once it has occurred.</li> </ul> <p>Enough Abuse Campaign:</p> <ul style="list-style-type: none"> <li>DJS has begun instituting Maryland's Enough Abuse Campaign to create safer facilities for Maryland's youth under PREA (Prison Rape Elimination Act); The Family Tree, lead agency for the Enough Abuse Campaign, will help DJS to train and build capacity in three of its youth serving facilities; promoting adult responsibility for creating environments safe from sexual violence for children and youth in the facilities.</li> <li>The MPPCSA received commitment from several of its partners, including Maryland's Sex Offender Registry, to create a hotlink to Maryland's Enough Abuse Campaign.</li> </ul> <p>Home Visiting Campaign:</p> <ul style="list-style-type: none"> <li>SCCAN participated in development of policies of the MD Home Visiting Alliance to strengthen its advocacy on behalf of home visiting programs that are proven to reduce the incidence of child maltreatment.</li> </ul>                      |



| LEVEL OF PREVENTION                | DEFINITION OF LEVEL  | SCCAN ACTIVITIES 2011   |
|------------------------------------|--|---|
| 4. Fostering Coalitions & Networks | Convening groups and individuals for broader goals and greater impact.   | <p>Overall Movement:</p> <ul style="list-style-type: none"> <li>Held 25 Key Informant Interviews (See Appendix M) to build support for developing, implementing, evaluating and disseminating Prevention Strategies.</li> <li>SCCAN participated in the Coalition to Protect Maryland's Children (CPMC) building relationships and support of legislation aimed at preventing child maltreatment.</li> <li>In June of 2012 SCCAN members and staff attended the "Network for Action" convened by the Children's Bureau and the Centers for Disease Control together with other federal agencies promoting child maltreatment prevention with fellow Maryland stakeholders.<br/><a href="http://friendsnrc.org/network-for-action">http://friendsnrc.org/network-for-action</a></li> </ul> <p>Enough Abuse Campaign:</p> <ul style="list-style-type: none"> <li>Maryland Partnership to Prevent Child Sexual Abuse (MPPCSA)-SCCAN contributed staff and member time to: recruit partnership members, map partner agency resources and needs, solicit data for use by the partnership and local Enough Abuse Campaign Communities, developing key partner commitment of resources. (See Appendix D)</li> <li>Participated in the selection of 3 local communities in which to pilot the campaign.</li> <li>Eight SCCAN members and staff participate actively on the MPPCSA.</li> <li>Assisted in developing MPPCSA priorities.</li> </ul> <p>Home Visiting Campaign:<br/>SCCAN has actively participates and supports the goals of:</p> <ul style="list-style-type: none"> <li>MD Home Visiting Alliance: representatives from home visiting programs, Governor's Office for Children, DHMH, MSDE, Krieger Foundation, Maryland Family Network.</li> <li>Pew Center on the States Home Visiting Campaign: Maryland was named a "Pew Home Visiting State".<br/><a href="http://www.pewstates.org/projects/home-visiting-campaign-328065/state-work">http://www.pewstates.org/projects/home-visiting-campaign-328065/state-work</a></li> </ul> |
| 3. Educating Providers             | Informing providers who will transmit skills and knowledge to others.  | <p>Building Child Maltreatment Prevention Leadership:</p> <ul style="list-style-type: none"> <li>SCCAN continues to build child maltreatment prevention leadership within Maryland. The Council continues to expand the number and deepen the expertise of individuals who have committed to making this issue a priority by sponsoring the following leadership development activities for public/private multi-sector and multi-disciplinary stakeholders and the public: <ul style="list-style-type: none"> <li><b>SCCAN Prevention Retreat Fall 2010: How systems affect individual, family, community and societal risk and protective factors for child maltreatment:</b><br/>"Healing Neen: Trauma and Recovery", a short documentary designed for professional audiences that was made under Maryland's Mental Health Transformation Grant from the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.</li> </ul> </li> </ul>   |
| 2. Promoting Community Education   | Reaching groups of people with information and resources to promote safe, stable and nurturing environments for every child. |   |

| LEVEL OF PREVENTION                               | DEFINITION OF LEVEL  | SCCAN ACTIVITIES 2011   |
|---|--|---|
| 1.<br>Strengthening Individual Knowledge & Skills | Enhancing an individual's capability of promoting safe, stable and nurturing environments for every child. | <p>Copies of the film are available on the website:<br/> <a href="http://www.healingneen.com/contact.html">http://www.healingneen.com/contact.html</a></p> <ul style="list-style-type: none"> <li>▪ <b>“Best Practices in the Prevention of Child Sexual Abuse (CSA) &amp; Illuminations Art Gallery”</b><br/> Allison West<br/> Director,<br/> St. Vincent's Center Child Abuse Prevention Programs<br/> are known as Child Safe and Illuminations. They are focused on providing child abuse prevention education, training, and awareness to educators, parents, children, mental health professionals, law enforcement and the general public.</li> <li>▪ <b>Environmental Scan Presentation: Phase I: Draft Report on the “Effects of Child Maltreatment and Targets of Prevention”</b><br/> Terry Shaw, Ph.D., MSW, MPH<br/> Assistant Professor,<br/> Ruth H. Young Center, University of Maryland School of Social Work<br/> Principal Investigator, Environmental Scan on Maryland Child Maltreatment Prevention efforts</li> <li>▪ <b>“Using a Public Health Model for Preventing Child Abuse and Neglect”</b><br/> Andrea Gielen, ScD, ScM, CHES,<br/> Johns Hopkins Bloomberg School of Public Health,<br/> Director, Center for Injury Research &amp; Policy</li> <li>▪ <b>“A Single Social Worker’s View: Child Maltreatment Prevention”</b><br/> Richard P. Barth, PhD,<br/> Dean, University of Maryland, School of Social Work</li> <li>▪ <b>“A Public Health Strategy for Preventing Child Maltreatment”</b><br/> Howard Dubowitz, MD,<br/> Director, Center for Child Protection, University of Maryland Medical Center (SEEK –A Safe Environment for Every Kid)</li> <li>▪ <b>Suggested Reading on Application of the Public Health Model to CM Prevention:</b> <ul style="list-style-type: none"> <li>• “Potential Lessons from Public Health and Health Promotion for the Prevention of Child Abuse”, Joanne B. Martin, Lawrence W. Green, Andrea Carlson Gielen</li> <li>• CDC, Principles of Prevention website training:<br/> <a href="http://www.vetoviolence.org/pop/prevention-intro.html">http://www.vetoviolence.org/pop/prevention-intro.html</a></li> </ul> </li> <li>▪ <b>Suggested Reading regarding ACE Study:</b> <ul style="list-style-type: none"> <li>• Adverse Childhood Experiences (ACE) Study video</li> </ul> </li> </ul> |

| LEVEL OF PREVENTION | DEFINITION OF LEVEL | SCCAN ACTIVITIES 2011  |
|---------------------|---------------------|--|
|                     |                     | <p><a href="http://www.aceresponse.org/">http://www.aceresponse.org/</a><br/> <a href="http://www.youtube.com/watch?v=Me07G3ErBw8">http://www.youtube.com/watch?v=Me07G3ErBw8</a></p> <ul style="list-style-type: none"> <li>▪ <b>“The Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program in Maryland: Where We’ve Been and Where We’re Headed”</b><br/> Yvette McEachern, Title V - MCH Block Grant<br/> Center for Maternal and Child Health<br/> Maryland Department of Health &amp; Mental Hygiene</li> <li>▪ <b>Zanvyl and Isabelle Krieger Foundation &amp; Pew Center on the States Home Visiting Initiative</b><br/> Linda Heisner,<br/> Consultant, Krieger Foundation</li> <li>▪ <b>Maryland Home Visiting Programs &amp; Maryland Home Visiting Alliance</b><br/> Colleen Wilburn,<br/> Co-Chair, Maryland Home Visiting Alliance</li> <li>▪ <b>“The Change Process in Addictions and Mental Health”</b><br/> Carlo DiClemente, Ph.D.,<br/> Chair and Professor,<br/> Department of Psychology, University of Maryland</li> <li>▪ <b>“Using the Public Health Model to Prevent Child Sexual Abuse: The Enough Abuse Campaign”</b><br/> Jetta Bernier<br/> Executive Director,<br/> Massachusetts Citizens for Children</li> <li>▪ <b>“Alternative Response in Maryland”</b><br/> Debbie Ramelmeir<br/> Deputy Executive Director,<br/> Child Welfare Practice &amp; Policy<br/> Social Services Administration<br/> Steve Berry<br/> In-Home Services Manager<br/> Social Services Administration</li> <li>▪ <b>“Social Norms Theory”</b><br/> <b>“Changing Social and Cultural Norms that Support Violence”</b><br/> <a href="http://whqlibdoc.who.int/publications/2009/9789241598330_eng.pdf">http://whqlibdoc.who.int/publications/2009/9789241598330_eng.pdf</a><br/> Social Norms that currently support different types of violence include: <ul style="list-style-type: none"> <li>○ Children have a low status in society and within the family</li> <li>○ Physical punishment is an acceptable or normal part of rearing a child.</li> </ul> </li> </ul> |

| LEVEL OF PREVENTION | DEFINITION OF LEVEL | SCCAN ACTIVITIES 2011  |
|---------------------|---------------------|--|
|                     |                     | <ul style="list-style-type: none"> <li>○ Mental health problems are embarrassing and shameful, deterring individuals from seeking help</li> <li>○ Physical violence is an acceptable way to resolve conflicts within a relationship</li> <li>○ Sex and sexuality are taboo subjects</li> <li>○ Cultural intolerance, intense dislike and stereotyping of “different” groups within society</li> <li>○ Sexual violence such as rape is shameful for the victim, which prevents disclosure</li> <li>○ Violence is an acceptable way of resolving conflict</li> </ul> <p>The Prevention Committee identified social norms that would bring us closer to ending child maltreatment, such as:</p> <ul style="list-style-type: none"> <li>○ “All Moms and Dads need help; and, it is not only okay, but good parenting to ask for it.”</li> <li>○ “When communities provide support for families, families are strengthened, and kids are raised in healthy environments.”</li> <li>○ “Formal and informal social supports/ networks are essential to good parenting.”</li> <li>○ “Being a parent is difficult. With skills parenting becomes more enjoyable and less difficult. If society, communities, families and parents invest time and money in skill-building, we will increasingly live in a more caring, nurturing and productive society.”</li> <li>○ “Children need healthy, skilled, and supported parents. Moms and Dads.”</li> </ul> |

- ✓ The Prevention Committee also recommended that some form of the following Work Group structure be used to develop Maryland Child Maltreatment Prevention Plan Work Groups:

- ✚ Establishing Long-term Leadership (may overlap with Steering Committee)
- ✚ Funding Prevention
- ✚ Data/Masurement (including evaluation & feedback)
- ✚ Evidence-Based & Promising Programs:

- Parents & Families
  - Family Economic Success
  - Parenting skills & knowledge
- Pregnancy-5 years
- School Age Youth
- OR
- Abuse
- Neglect
- Sexual Abuse

Subcommittees meet alternately with full committee to assure all needs are addressed, identify overlap and develop consensus on priorities.

- ✚ Cultural Transformation for Prevention:  
(Changing Social Norms & Policies)
  - Effective parenting practices
  - Community Responsibility for Child-Well-Being
  - Interdisciplinary training on prevention & cultural literacy



#### Systems Change

- Professional
- Governmental



#### Advocacy: Influencing Policy and Legislation

It was also noted that having more than three workgroups could be cumbersome and/or confusing to some stakeholders. Three workgroups were suggested as an alternative:

1. What should we be doing?
2. How should we be doing it?
3. How should we pay for it?

### **Prosecution Committee:**

- ✓ Coordinated efforts with Children's Justice Act Committee: The Honorable Larnzell Martin, Prince Georges County Circuit Court; Howard Davidson, Director, American Bar Association Center on Children and the Law; Anne Hoffman; and Joan Stine.
- ✓ Interviewed the following Key Informants for the development of a Multi-Disciplinary Court Training Kit:
  - The Honorable Catherine Curran O'Malley - Associate Judge of the District Court of Baltimore City
  - The Honorable Susan H. Hazlett, Administrative Judge, Harford County District Court
  - The Honorable Kathleen Cox, Associate Judge, Baltimore County Circuit Court
  - James P. Casey, Esq., Master for Juvenile Causes, Baltimore City Circuit Court
  - The Honorable Patrick L. Woodward, Court of Special Appeals, Chair, Foster Care Court Improvement Project Implementation Committee
  - Tracey Watkins-Tribbit, MSW, Director, Foster Care Court Improvement Project
  - Hope G. Gary, Esq., Assistant Director, Foster Care Court Improvement Project
  - Frank J. Kros, MSW, JD, President, The Upside Down Organization, Executive Vice President, Children's Guild
  - Joan B. Gillece, Ph.D., Project Director, National Center for Trauma Informed Care, National Coordinating Center for the Seclusion and Restraint Reduction Initiative, SAMSHA
- ✓ Developed and submitted a proposal for a day long curriculum outline, including speakers, materials and tools, for the Spring 2012 CANDO Judicial Conference including accompanying tools for the Multi-disciplinary Speakers & Multi-Disciplinary Court Training Kit Tools
- ✓ Identified resources for the Multi-D Court Training Kit
- ✓ Developed a court resource parent hand book (s) for Baltimore City with input from SCCAN & CJAC Members, as well as the Public Defender's Office.
- ✓ Recruited Frank Kros, Executive Vice President of the Children's Guild and the President of the Upside Down Organization, to provide pro bono services to the Council to present at the CANDO Conference; and, most importantly to assist in developing tools for the Multi-Disciplinary Court Training Kit. Mr. Kros speaks worldwide on the effects of stress, child abuse and poverty in relation to brain function and development. He has presented his workshops at national education, social work and human services conferences, and he was awarded a Maryland Governor's Citation for his speaking efforts.
- ✓ Applied for and received technical assistance from Joan B. Gillece, Ph.D. Director of Trauma Informed Care and Alternatives to Seclusion and Restraint and Project Director at the NASMHPD (National Association of State Mental Health Program Directors) at SAMSHA for the CANDO Conference and Multi-Disciplinary Court Training Kit.

- ✓ Established the following training goals for the Multi-Disciplinary Court Training Kit: A multi-disciplinary approach to assessing child abuse and neglect will reduce trauma for children and help to ensure informed decisions that are in the “best interest of the child”.
- ✓ Recommended the following philosophies/principles/themes for Multi-Disciplinary Court Training Kit presentations and tools:
  - “Connecting Science, Policy and Practice”
  - “Through the Eyes of the Child”
  - “Trauma-informed participation & decision-making”  
(What happened to me and my family? vs. What’s wrong with me and my family)
  - In the “Best Interest of the Child”
  - “Helping Babies, Children, Youth and their Families from the Bench”
  - An understanding of the human and financial costs of child maltreatment on society
  - Understanding Multi-Disciplinary roles/contributions to “best interest of the child”: I need to know and understand your role, skills, experience and/or expertise in order to make my best contribution to better outcomes for the children and families we serve. Football team analogy.

### **Organizational Accomplishments**

#### **Public Relations & Outreach Committee:**

- ✓ Developed a Site Map for proposed SCCAN website to be hosted by DHR.
- ✓ Developed a Facebook page and Twitter account for the Council. Launch date to be determined.
- ✓ Recruited a SCCAN Intern to begin to develop website content with guidance from the Public Relations & Outreach Ad Hoc Committee and the SCCAN Executive Director.

#### **Ad Hoc Committee on Governance:**

- ✓ Adopted clear & up-to-date set of SCCAN By-laws
- ✓ Adopted “SCCAN Leadership Development Procedure”
- ✓ Interviewed 6 candidates for endorsement for position opening up on the Council.
- ✓ Adopted “SCCAN Process for Developing Annual Report Findings and Recommendations”
- ✓ Revised SCCAN’s Enabling Legislation to be sponsored by DHR in 2012 Session of the General Assembly
- ✓ Membership Recruitment & Retention Goal
  - ✓ Adopted a “Council Leadership Development Procedure”
  - ✓ Adopted “Criteria for SCCAN Membership Recruitment and Endorsement”
  - ✓ Adopted “SCCAN Member Duties & Responsibilities”
  - ✓ Recommended current members for re-appointment to a second term
  - ✓ Recruited an additional Council member who has been participating in Council meetings and activities while awaiting appointment by the Governor.
  - ✓ In accordance with Family Law Article § 5-7A-06(d), two members of the Children’s Justice Act Committee were designated as a special member of the Council by SCCAN’s Chair.
  - ✓ SCCAN’s Executive Director represented SCCAN at the 10<sup>th</sup> Annual National Conference of Citizens Review Panels in Charleston, South Carolina in May of 2011 in order to share best tools/practices/work of CRPs from around the nation.

#### **Public Policy Advocacy Workgroup:**

- ✓ Developed and adopted “SCCAN Guidelines for Public Policy Advocacy”

**Coordinating our efforts with CRBC, CFRT, local CRPs and CJAC:**

- ✓ Shared SCCAN's Prevention goal and began to develop relationships with Local CRPs to encourage participation in Prevention Planning efforts and input from local jurisdictions.
- ✓ Interviewed representatives of Garrett County LMB and local Health Department, Lucia Barger and Earleen Beckman, as Key Informants for the Prevention Plan re: their policies, programs, practices and infrastructure to prevent child maltreatment.
- ✓ Key informant, CRBC Director, Sabrena McAlister
- ✓ CRBC Representative attends SCCAN meetings
- ✓ Prevention presentation to CRBC State Board
- ✓ CFRT staff attends SCCAN meetings
- ✓ Three CJAC members served as special members to the Council.
- ✓ Four CJAC members are active on the SCCAN Prosecution Committee

## **MEETING THE CHALLENGES:** **CONTINUING THE WORK-2012 & Beyond**

### **Building the Prevention Movement:**

- Ensure effective completion of the Environmental Scan.
- Advocate and plan for the launch of the planning process should ideally take place either by the end of 2012 Calendar Year, or during Child Abuse Prevention Month in April of 2013 to ensure timely use of the data collected.
- Together with partners & stakeholders, design a constructive and inclusive planning process which allows for public and private multi-sector, multi-disciplinary and community participation.
- Together with partners & stakeholders, define critical roles of the planning participants
- Together with partners & stakeholders, establish a management structure responsible for development of the Plan and its Implementation
- Develop SCCAN and Prevention Partner recommendations based on research in the Environmental Scan.
- Continue to foster connections with coalitions and networks to coordinate our collective work re: child maltreatment prevention.
- Continue to work for changes in organizational practices and legislation and policy to prevent child maltreatment before it occurs.
- The Council plans to continue to educate the Council and prevention partners around the following topics:
  - Effects of Trauma & Trauma Informed-Care
  - Evidence-Based Practices to Prevent Child Maltreatment
  - The Intersection of Substance Abuse & Child Maltreatment
  - The Intersection of Domestic Violence & Child Maltreatment
  - The Intersection of Mental Illness & Child Maltreatment
  - Measuring Success: Results Accountability
  - Child Abuse Prevention Public Awareness Campaigns
  - Federal, State & Private Funding Streams re: Risk & Protective Factor
  - Justice System's Initiatives re: Child Maltreatment

### **Public Relations & Outreach:**

- Create an intranet site to provide meeting materials and other pertinent information to the Council for consideration.
- Develop a public web site for public information on SCCAN; Child Maltreatment Prevention Planning Initiative and Resources; and, enhanced communication and coordination with other CRPs and state child maltreatment prevention partners.
- SCCAN and CRBC will explore how graduate students and interns from the Shriver Center, the University of Maryland, School of Social Work and other Universities and Schools can be utilized in research projects to support the work of the Council and Board.

### **Council Membership Recruitment and Retention:**

- General Assembly participation and Senate representation on SCCAN:
  - Continue to ask for key Informant input and guidance on potential Champions in the General Assembly.



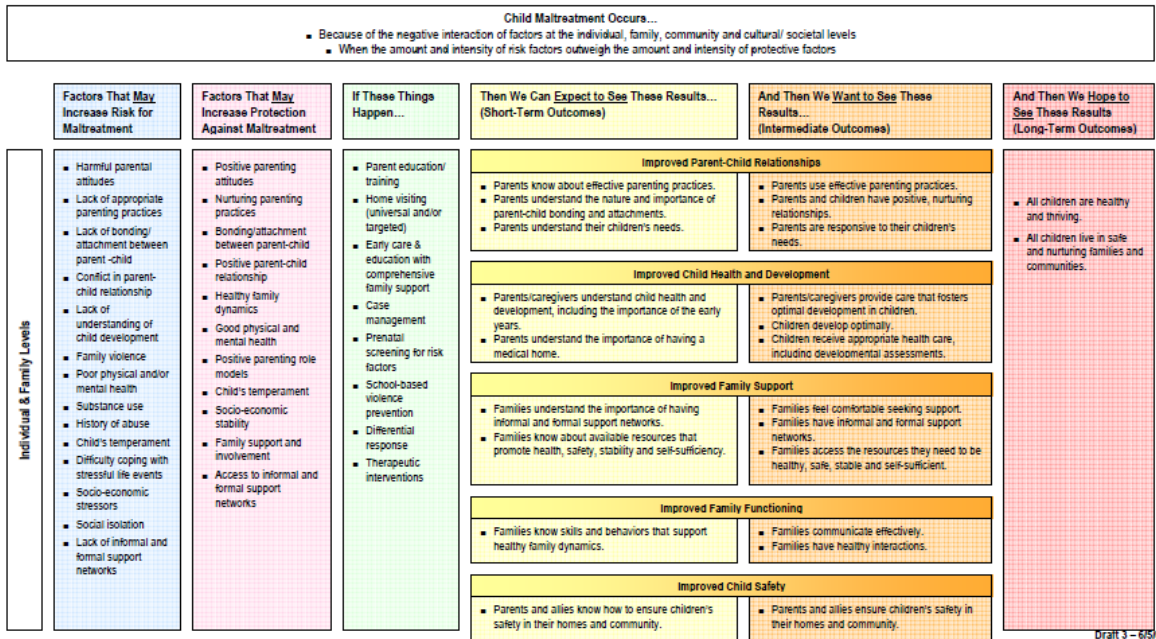
- SCCAN Members will pro-actively develop relationships with Champions in the Maryland Senate and House of Delegates who are willing to advocate for the adoption of SCCAN recommendations.
- Develop SCCAN website to improve recruitment and Council Member orientation.
- Identify ways to recognize Council Member contributions to accomplishing SCCAN goals.
- Increase active Council Member participation in Committee work.
- Increase ongoing Council Member development of Council recommendations.

***Two of the greatest  
virtues in life are  
patience and wisdom***



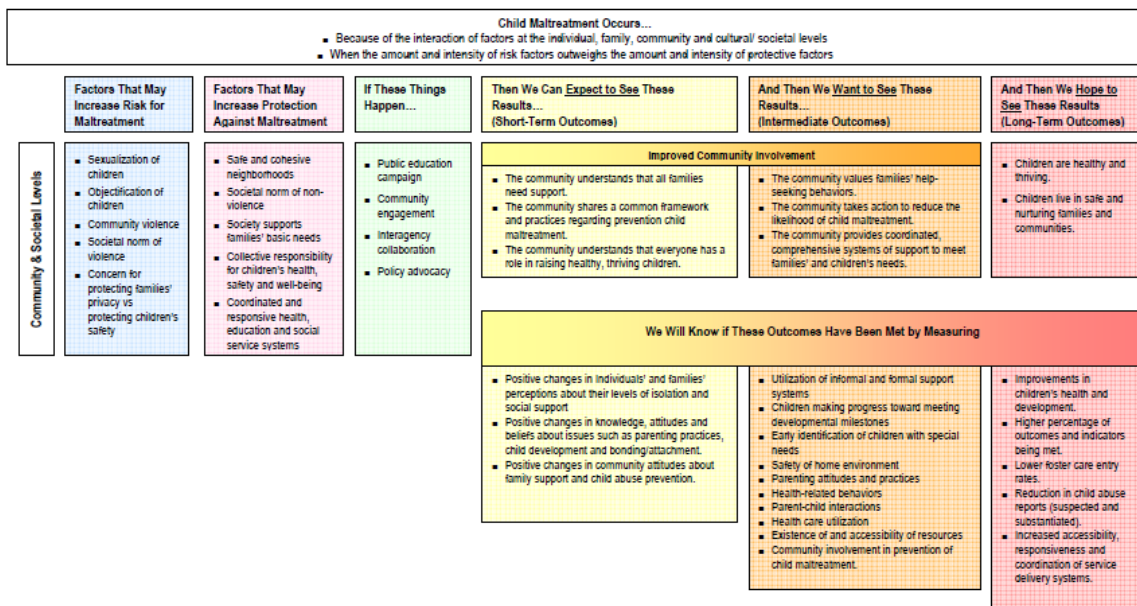
# Appendix A

## Child Abuse Prevention Theory of Change and Logic Model



Draft 3 – 6/5/07

## Child Abuse Prevention Theory of Change and Logic Model, continued



Draft 3 – 6/5/07

## Appendix B

### DO YOU SUSPECT CHILD ABUSE OR MALTREATMENT?

#### REPORT IT NOW!

Act to protect a child by calling the Toll Free, 24 hour, 7 day-a-week  
**Maryland Child Abuse Hotline at 1-800-MD-CHILD: 1-800-632-4453**

If you believe that a child is in **immediate danger**,  
call **911** or your local police department.

#### HOW DO I RESPOND TO THE CHILD?

Tell the child that you believe them and that you are going to contact people who can help. Respect the privacy of the child. The child will need to tell their story in detail later, so don't press the child for details. Remember, you need only suspect abuse to make a report. Don't display horror, shock, or disapproval of parents, child, or the situation. Don't place blame or make judgments about the parent or child. Believe the child if she/he reports sexual abuse. It is rare for a child to lie about sexual abuse.

#### WHO IS REQUIRED TO REPORT?

Maryland law requires every citizen to report suspected child abuse and neglect. Md. Code Ann. Fam. Law § 5-705 YOU may be a child's only advocate at the time you report the possibility of abuse or neglect. Children often tell a person with whom they feel safe about abuse or neglect. If a child tells you of such experiences:

Remember, you do not need to make a decision about whether abuse or neglect occurred; *you are reporting your concerns.*

#### TO WHOM DO I MAKE A REPORT?

**Maryland Child Abuse Hotline at 1-800-MD-CHILD: 1-800-632-4453**

You may also report suspected abuse or neglect to a local department of social services or local law enforcement agency. [Click here for a list of addresses and phone numbers of social services offices across the state.](#)

#### HOW DO I MAKE A REPORT?

If you are a **MANDATED REPORTER** (health practitioner, educator, human service worker or a police officer) you are required to report **both orally** and in *writing* any suspected child abuse or neglect. Md. Code Ann. Fam. Law § 5-704

"A person other than a health practitioner, police officer, or educator or human service worker who has reason to believe that a child has been subjected to abuse or neglect shall

notify the local department or the appropriate law enforcement agency.” Md. Code Ann. Fam. Law § 5-705

### **WHEN DO I MAKE A REPORT?**

A report should be made when any person, who reasonably believes that a child under 18 has been abused, neglected, exploited or abandoned. A report of suspected abuse, neglect, exploitation or abandonment is only a **request for an investigation**. The person making the report does not need to prove the abuse. Investigation and validation of child abuse reports are the responsibilities of child protective service (CPS) workers. If additional incidents of abuse occur after the initial report has been made, **make another report**. Maryland Attorney General’s Opinion suggests that under Md. Code Ann. Fam. Law § 5-705, a person is obligated to make a report even when the victim is now an adult or the alleged abuser is dead.\*

**Oral reports** should be made *immediately*.

**Written reports** must be made *within 48 hours* of contact which discloses the suspected abuse or neglect. (Include a link to the form for written reports.)

\* 78 Md. Op. Atty. Gen. 189 (Md.A.G.), 1993 WL 523406 (Md.A.G.)

### **WHAT INFORMATION WILL I BE ASKED TO PROVIDE TO THE HOTLINE, LOCAL DEPARTMENT OR LOCAL LAW ENFORCEMENT?** Md. Code Ann. Fam. Law § 5-704

- **Who:**
  - Child’s name, approximate age, home address;
  - Names and approximate age of other children in the home;
  - Parent or caregiver’s name, approximate age and home address; and,
  - The alleged perpetrator’s name, approximate age and address, as well as, that person’s relationship to the child.
- **What:**
  - Present location of the child;
  - Type and frequency of alleged abuse/sexual abuse/neglect;
  - Current or previous injuries to the child; and,
  - What caused you to become concerned?
  - Any information that might aid in establishing the cause of the injury or neglect
  - Any information relayed by the child or individual disclosing the information of previous possible physical or sexual abuse or neglect.
  - *If reporting abuse or neglect of a child involving mental injury, a description of the substantial impairment of the child's mental or psychological ability to function that was observed and identified and why it is believed to be attributable to an act of maltreatment or omission of proper care and attention.*
- **When:**
  - When the alleged abuse/neglect occurred; and,
  - When you learned of it.
- **Where:**
  - Where the incident occurred;
  - Where the child is now; and,
  - Whether the alleged perpetrator has access to the child.
- **How:**

- How urgent the need is for intervention; and,
- Whether there is a likelihood of imminent danger for the child.

### **WHAT IF MY CONCERNS ARE NOT CONFIRMED AS ABUSE OR NEGLECT?**

Any person who makes or participates in making a report of abuse or neglect under §§ 5-704, 5-705, or 5-705.1 or participates in an investigation or a resulting judicial proceeding, shall have immunity from civil liability or criminal penalty. Md. Code Ann. Fam. Law § 5-708

### **WILL I BE IDENTIFIED AS THE REPORTER?**

#### **CONFIDENTIALITY**

Information contained in records or reports concerning child abuse or neglect is sensitive and personal. Federal and State law narrowly restricts the circumstances under which information contained in reports or records may be disclosed. It is essential that health care professionals and institutions comply with the Maryland confidentiality law (article 88 a & b) of the Annotated Code of Maryland) when asked to disclose information contained in records concerning child abuse and neglect.

Confidentiality provisions states that:

- The name of the reporter may only be revealed under a court order. However, if the reporter is a professional, he or she may give written permission for his or her identity to be revealed.
- The identity of any other person whose life or safety is likely to be endangered by disclosing the information must not be disclosed. *This is extremely important when sharing information with parents or the person who is suspected of child neglect or abuse.*
- Information should only be disclosed when doing so would be in the best interest of the child who is the subject of the report.
- Professional discretion should be exercised to disclose only that information which is relevant for the care or treatment of the child.

*In 1986, the Maryland confidentiality law was amended to permit the disclosure of information concerning abuse and neglect to licensed practitioners or an institution providing treatment or care to a child who is the subject of a report of child abuse or neglect. Maryland law also permits information to be shared with members of a multidisciplinary case consultation team who are investigating or providing services in response to a report of suspected abuse or neglect.*

### **WHAT IS CHILD ABUSE & NEGLECT?**

Maryland law includes five categories of child maltreatment:

1. **PHYSICAL ABUSE** - the child's sustaining of a physical injury by a parent, caretaker (a person who has permanent or temporary care or custody or responsibility for supervision of a child), or by any household or family member, under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed.
2. **SEXUAL ABUSE** – any act that involves sexual molestation or exploitation, whether injuries are sustained or not, including incest, rape, sexual offense in any degree, sodomy, and unnatural or perverted sexual practices by a parent, caretaker (a person who has permanent or temporary care or custody or responsibility for supervision of a child).

3. **MENTAL INJURY: ABUSE** – the observable, identifiable, and substantial impairment of a child’s mental or psychological ability to function caused by an act of commission of a parent, caretaker (a person who has permanent or temporary care or custody or responsibility for supervision of a child), or by any household or family member, under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of harm.

4. **MENTAL INJURY: NEGLECT** – the observable, identifiable, and substantial impairment of a child’s mental or psychological ability to function caused by an omission or failure to act by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child.

5. **CHILD NEGLECT** – the failure to give proper care and attention, including the leaving of a child unattended, by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of the child, under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of harm.

Md. Code Ann. Fam. Law § 5-701

## **WHAT ARE POSSIBLE WARNING SIGNS OF CHILD ABUSE AND NEGLECT?**

### **PHYSICAL ABUSE:**

- Includes non-accidental physical injuries such as bruises, broken bones, burns, cuts, missing teeth, abrasions in the shape of an instrument, bite marks, fingernail marks, or other injuries.
- These injuries may be constantly attributed to a child being accident-prone or clumsy.
- The explanation does not seem to fit a child or caregiver’s explanation.
- The child is frequently late to or absent from school without a plausible explanation.
- The child may have difficulty walking due to painful injuries.

### **SEXUAL ABUSE:**

Child sexual abuse can include both **touching** and **non-touching** behaviors and its victims can include infants, toddlers, young children, and teens:

- **Examples of abusive touching behaviors** include: fondling of a child’s genitals, buttocks or breasts; intercourse; and, penetration of the child’s mouth, anus, or vagina with an object for the sexual gratification of the offender. Coercing a child to fondle him/herself, the offender or another child is also abusive.
- **Examples of abusive non-touching behaviors** include: exposing oneself to a child; viewing and violating the private behaviors of a child or teen (e.g. while undressing, bathing, etc); taking sexually explicit or provocative photographs of a child; showing pornography to a child; or talking in sexually explicit ways to children in person, by phone, or on the Internet.

**Children under 3 may exhibit:**

- Fear or frequent crying.
- Vomiting.
- Feeding and bowel problems.
- Problems sleeping.

**Children up to age 9 can exhibit:**

- Fear of certain people or places.
- Feelings of guilt or shame.
- Withdrawal from family and friends.
- Sleep disturbances and frequent nightmares.
- Victimization of others.

**Older children can exhibit:**

- Depression or suicidal gestures.
- Promiscuity.
- Poor school performance.
- Running away from home.
- Substance abuse
- Aggression.
- Eating disturbances

**Indicators that an Adult *may* pose a risk to a child:**

- Doesn't appear to have a regular number of adult friends and prefers to spend free time interacting with children and teenagers who are not his own;
- Finds ways to be alone with a child or teen when adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, frequently offering to baby sit, etc.;
- Ignores a child's verbal or physical cues that he or she does not want to be hugged, kissed, tickled, etc.;
- Seems to have a different special child or teen friend of a particular age or appearance from year to year;
- Doesn't respect a child's or teen's privacy in the bathroom or bedroom;
- Gives a child or teen money or gifts for no particular occasion;
- Discusses or asks a child or teen to discuss sexual experiences or feelings;
- Views child pornography through tapes, photographs, magazines or the Internet. (In addition to being an important behavioral sign, possessing, viewing and/or selling child pornography is a criminal offense and should be reported.)

Please see the [Enough Abuse Campaign](#) in Maryland to learn more about signs of child sexual abuse and *what you can do* to prevent it.

**CHILD SEX TRAFFICKING:**

- Shows evidence of mental, physical, or sexual abuse
- Cannot or will not speak on own behalf
- Is not allowed to speak to you alone; is being controlled by another person
- Does not have access to identity or travel documents or documents appear fraudulent
- Works long hours
- Is paid very little or nothing for work or services performed
- Has heightened sense of fear or distrust of authority

- Gaps in memory
- Someone else was in control of migration to U.S. or movement into Illinois
- Lives at workplace/with employer, or lives with many people in confined area
- Is not in school or has significant gaps in schooling
- Has engaged in prostitution or commercial sex acts
- Any mention of a pimp/boyfriend
- Any child working where "pay" goes directly towards rent, debt, living expenses/necessities, fees for their journey
- Exploitation on the internet, online ads
- Threats of traffickers reporting child to police/immigration
- Threats to child's parents, grandparents, siblings, or own minor children
- Methods of control that leave no visible, physical signs of abuse
- Sleeping/living separately from the "family" (in garage or on the floor instead of bedroom)
- Forced to sell drugs, jewelry, magazines on the street
- Excess amount of cash
- Hotel keys
- Chronic runaway/homeless youth
- Lying about age/false ID
- Inconsistencies in story
- Unable or unwilling to give local address or information about parents
- Presence of older male or boyfriend who seems controlling
- Injuries/signs of physical abuse
- Inability or fear to make eye contact
- Demeanor: fearful, anxious, depressed, submissive, tense, nervous
- Is not enrolled in school
- Does not consider self a victim
- Loyalty, positive feelings toward trafficker
- May try to protect trafficker from authorities.

### **NEGLECT: The Most Common Form of Child Maltreatment in the U.S.**

- **Physical neglect** occurs when children are not given necessary care for illness or injury. Neglect also includes leaving young children unsupervised or alone, locked in or out of the house, or without adequate clothing, food, shelter, or health care. Allowing children to live in a very dirty house which could be a health hazard may also be considered neglect.
- **Emotional neglect** may include lack of nurture or affection, refusal of psychological care needed, or allowance of alcohol and substance abuse.
- **Educational neglect** includes failure to enroll a child in school, or chronic truancy.
- **There are no specific indicators of neglect.** However, a child experiencing certain forms of neglect may demonstrate very passive, withdrawing behavior. A neglected child may also partake in random and undisciplined activities.

### **EMOTIONAL ABUSE:**



- Emotional abuse of a child is evidenced by severe anxiety, depression, withdrawal or improper aggressive behavior as diagnosed by a medical doctor or psychologist, and caused by the acts or omissions of the parent or caretaker.
- **A child experiencing emotional abuse may exhibit the following behaviors:**
- The child is constantly fearful or anxious about doing something wrong.
- May either be extremely passive or extremely aggressive.
- May not be very attached to his or her caregiver.
- May act like an adult (ex. taking care of other children) or infantile (ex. throwing tantrums).

### **What happens after I report to CPS?**

A report of suspected child abuse or neglect is not an accusation. It is the link to services for families who would not voluntarily seek the help they may desperately need. When an incident of suspected child abuse and/or neglect is reported, "taking action" is mandated by law and State Policy.

Section 5-706 mandates that, promptly after receiving a report of suspected child abuse or neglect, the local department must make a thorough investigation to protect the welfare of the child or children. (In cases of suspected abuse, the local department of social services or the law enforcement agency or both, if jointly agreed on, must investigate. The investigation must include:

- the nature, extent and cause of the neglect or abuse;
- the identity of the individual(s) responsible for the neglect or abuse; and
- the name, age and condition of every other child in the household
- any other pertinent information.

### **What services are available through Child Protective Services?**

Day Care, Parent Aide, Medical and Psychological Examinations and Evaluations, Shelter Care, Counseling, and other administrative and support services.

**Remember:** A report of suspected child abuse, neglect, exploitation or abandonment is a responsible attempt to protect a child.

[Learn More.](#)

### **What Else Should I Do?**

#### **SUPPORT VICTIMS:**

Be a trusted adult that a child can speak to about what he or she has endured. Ensure the child that the abuse was *not* the child's fault by any means. Support those organizations that are dedicated to helping child victims of abuse.

#### **EDUCATE:**

- Yourself and your loved ones about how to PREVENT child abuse and neglect *before it occurs*. Child abuse can be prevented.
- Other adults in your community about the nature and scope of the epidemic; providing them with useful and specific skills to confront child maltreatment. Caring and supportive adults in the community are critical to every family's ability to raise safe and healthy children.

### **ADVOCATE:**

- To policy makers for a wide range of policies, funding and training that can protect children by strengthening the circle of safety around them. It shouldn't hurt to be a child.
- Encourage public and private schools and other child and youth serving organizations to develop programs to educate employees and volunteers to recognize the signs of abuse and respond appropriately.

### **REPORT:**

YOU are legally obligated to report any suspicions of child abuse and neglect. You could be the only person that has the knowledge and capability to report the abuse and **save this child's life**. Every statistic is a child who needs help.

## Appendix C

**ADVOCATE FOR YOURSELF AND YOUR CHILDREN:  
BE YOUR OWN CASE MANAGER**

Visit Your Children

- Visiting your children shows the court how much you care for them.
- Visits MEAN AS MUCH TO YOUR CHILDREN as they do to you.
- They are scared and confused.
- Even if you have to visit at DSS or with another person you dislike, GO TO THE VISITS!
- Talk or play with your children in a calm and reassuring way.
- Bring your children's favorite books or games to the visits.
- Do not make promises that you are not sure you can keep.
- If you HAVE to cancel, call ahead.

**\*THE SOCIAL WORKER MAY TELL THE JUDGE HOW THE VISITS GO.**

You Have a Right to Services that Strengthen Your Family:

- Keep ASKING FOR HELP, to get a house, day care or a job, to attend therapy or drug treatment, or for anything you need to take care of your children.
- For more support and information, contact:
  - Maryland Family Network, [www.friends-of-the-family.org](http://www.friends-of-the-family.org)
  - Family Tree, [www.familytreemd.org](http://www.familytreemd.org)
  - The court, [www.mdcourts.gov](http://www.mdcourts.gov)

Only You Can Strengthen and Reunify Your Family:

- Love is not enough. Reach out to your family, friends and others for help and support.
- Have a team attitude. Choose to look at all of the people who are "in your business" as the team that will help you get your kids back.

**TERMINATION OF PARENTAL RIGHTS TRIALS:**

These trials can result in you losing all legal rights to your children and to them being adopted by someone else.

**WHAT CAN I DO?**

- You may still be able to see your children (open adoption), or
- You can work with your lawyer and fight in court for your rights to your children, or
- You can agree to let them be adopted because you think that is what is best for them.

**You have the right to have an interpreter if you do not understand English.**

**Cooperating with the Social Worker is the best thing you can do to stay in touch with your children and to have them returned to you.**

Focus on being strong for you and your children. Keep your anger at the caseworker or the system out of it.

Try not to view the social worker as the enemy or to blame him for the removal of your children.

Stay in touch with him about visiting your children, referrals to court ordered services, and needs like day care or housing.

Write down each date that you call the social worker, what happened during the conversation, if you left a message and when and whether you got a call back.

Keep every piece of paper you are given.

Use a small notebook or calendar, or start on the space on this guide. If the Court questions why something did not occur you will have an exact record of dates, times, calls and conversations.

Contact your attorney if you disagree with DSS or the social worker.

**DO NOT BE AFRAID TO CALL THE SUPERVISOR IF YOU CANNOT REACH THE SOCIAL WORKER OR IF THE SOCIAL WORKER IS NOT HELPING YOU WITH VISITS OR SERVICES ORDERED BY THE COURT.**

**NOTES**

My lawyer \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ phone \_\_\_\_\_

Social worker \_\_\_\_\_ phone \_\_\_\_\_


\_\_\_\_\_ phone \_\_\_\_\_

Supervisor \_\_\_\_\_ phone \_\_\_\_\_

**THE BOTTOM LINE**

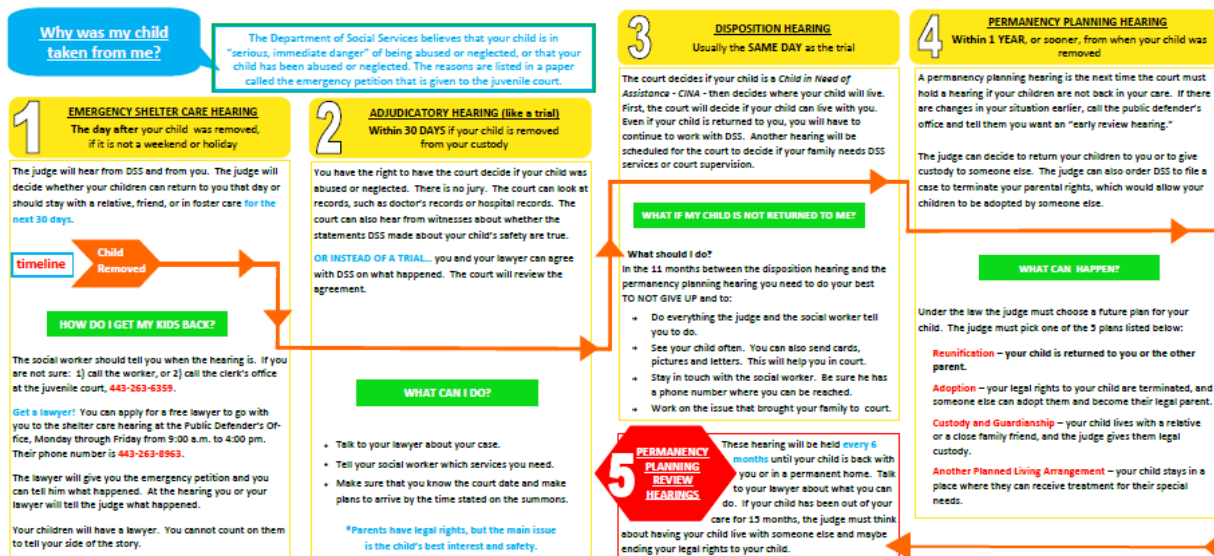
- Attend all hearings on time.
- Visit your children.
- Stay in regular contact with your social worker. Write down the date of every telephone conversation or message left with the social worker or supervisor.
- Do what the court has told you to do.

**My Children Were Removed From Me by DSS -  
How Do I Get My Kids Back?**

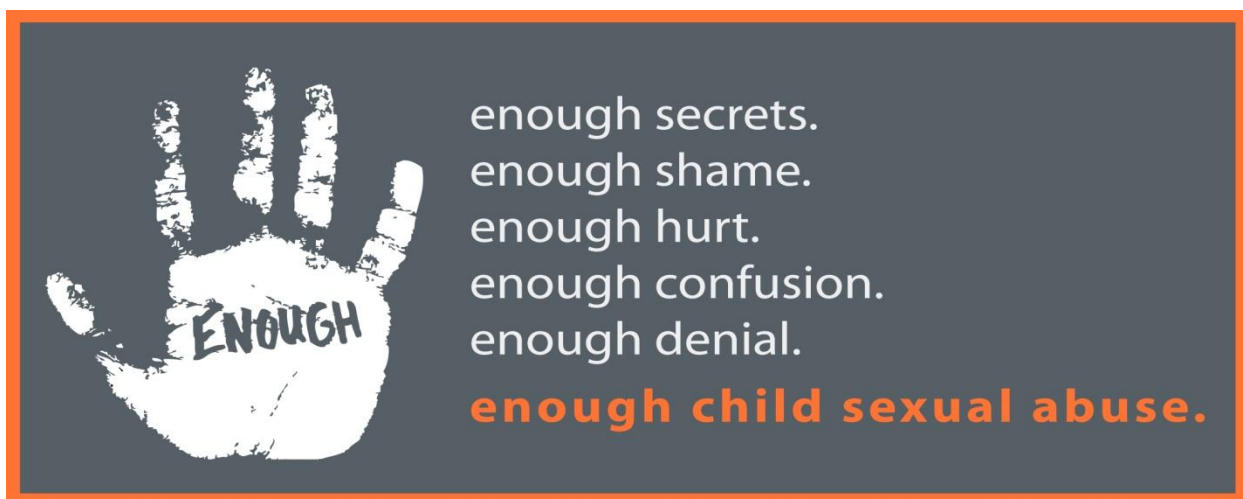


**Maryland Judiciary Administrative Office of the Courts,  
Department of Family Administration**

*in cooperation with the State Council on Child Abuse and Neglect*



## Appendix D



### Mission

The **Maryland Partnership to Prevent Child Sexual Abuse (MPPCSA)** is a public/private collaborative whose mission is to prevent child sexual abuse by engaging adults and mobilizing communities in effective prevention efforts at the state and local levels.

### Membership

The Partnership includes, The Family Tree, as the convening agency and is joined by the following **Private State Partners:**

1. Academy of Pediatrics
2. MD Coalition Against Sexual Assault
3. Advocates for Children and Youth
4. Archdiocese of Baltimore
5. Maryland Family Network
6. Kennedy Krieger Institute Family Center
7. National Association of Social Workers, Maryland
8. University of MD School of Medicine
9. Johns Hopkins School of Public Health
10. Coach For America
11. University of MD School of Social Work
12. Maryland Children's Alliance
13. Boy Scouts of America
14. Safe and Sound Campaign
15. MD Chiefs Association
16. Y of Central Maryland
17. Community Representative

**Public State Partners include:**

1. MD State Council on Child Abuse and Neglect
2. MD Department of Education
3. MD Department of Health and Mental Hygiene
4. MD Governor's Office for Children
5. MD Social Service Administration/Department of Human Resources
6. MD Department of Juvenile Services
7. MD Sex Offender Registry
8. MD Governor's Office Crime Control and Prevention
9. MD Children's Justice Council
10. MD Department of Human Resources

**Role of Partnership Members**

The following summarizes the expertise and contributions of the Maryland state wide organizations, including in-kind contributions these organizations have formally agreed to make to this effort.

1. Ongoing planning and oversight to the Child Sexual Abuse Prevention Effort, Enough Abuse Campaign.
2. Identifying/ accessing data source, establishing process & outcome measures for the effort.
3. Identifying child sexual abuse programs for base line state inventory.
4. Supporting three local Community Coalitions to pilot the effort.
5. Identifying in-kind technical assistance and support to local projects as each conduct Community Assessments, Develop Action Plans and pilot programs.
6. Attending schedule meetings and/or work groups.

7. Other activities as identified.

### **Steering Committee**

The Partnership's Steering Committee helps guide activities carried out by project staff; provides oversight to committees; brings issues to the Partnership for its review and consideration; proposes recommendations for improved collaboration and teambuilding within the Partnership; recommends new members for the Partnership's consideration; assists as needed with public relations; and identifies in-kind resources.

### **Definition of Child Sexual Abuse**

The Partnership embraces the definition of child sexual abuse developed by the American Professional Society on the Abuse of Children (APSAC) in its Handbook on Child Maltreatment (2nd Edition, 2002) and which is endorsed by the U.S. Centers for Disease Control and Prevention (CDC).

Child sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child also can be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent. The sexually abusive acts may include sexual penetration, sexual touching, or non-contact sexual acts such as exposure or voyeurism.

## **Appendix E**



### **State Council on Child Abuse and Neglect (SCCAN)**

The State Council on Child Abuse and Neglect is one of three citizen review panels (1) required by the Federal Child Abuse Prevention and Treatment Act (Title 42, Chapter 67, Subchapter I), known familiarly as CAPTA. The Maryland Legislature established SCCAN and elaborated on its Federal responsibilities in the Maryland Family Law Article (Section 5-7A).

#### **Who we are**

SCCAN consists of up to twenty-three members, most of whom are private citizens appointed by the Governor of Maryland, including representatives from professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities. At least two members must have personal experience with child abuse and neglect within their own families or have been clients of the child protective services system.

Nine members of SCCAN are designated representatives of their respective organizations including the Maryland Senate, Maryland House of Delegates, Department of Human Resources, Department of Health and Mental Hygiene, Department of Education, Department of Juvenile Services, Judicial Branch, State's Attorneys' Association and Maryland Chapter of the American Academy of Pediatrics.

#### **What we do**

What we do is defined in Federal and State law. CAPTA charges SCCAN and all citizen review panels *"to evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities"* (2) and to *"provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to*

*meet its obligations. (3) The Maryland Family Law Article reiterates the CAPTA requirements and specifically charges SCCAN to “report and make recommendations annually to the Governor and the General Assembly on matters relating to the prevention, detection, prosecution, and treatment of child abuse and neglect, including policy and training needs”. (4)*

### **Why we do it**

Child abuse and neglect have known detrimental effects on the physical, psychological, cognitive, and behavioral development of children (National Research Council, 1993). These consequences range from minor to severe and include physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, and aggressive behavior. Clinical conditions associated with abuse and neglect include depression, post-traumatic stress disorder, and conduct disorders.

Beyond the trauma inflicted on individual children, child maltreatment also has been linked with long-term, negative societal consequences such as low academic achievement, drug use, teen pregnancy, juvenile delinquency, and adult criminality (Widom, 1992; Kelly, Thornberry, and Smith, 1997). Further, these consequences cost society by expanding the need for mental health and substance abuse treatment programs, police and court interventions, correctional facilities, and public assistance programs, and by causing losses in productivity.

### **NOTES:**

- 1) The other two panels are the Citizens’ Review Board for Children and the State Child Fatality Review Team.
- 2) Section 5016a (c) (4) (A)
- 3) Section 5016a (c) (4) (C)
- 4) Section 5-7-09A (a)



**State Council on Child Abuse and Neglect (SCCAN)**

### **VISION STATEMENT**

*“All children in Maryland are loved, happy, safe, secure, healthy and nurtured by caring families and supportive communities.”*

### **MISSION STATEMENT**

*“Since child abuse and neglect is a critical problem in Maryland requiring an urgent response, the State Council on Child Abuse and*

*Neglect (SCCAN) shall promote the development and implementation of optimal strategies for detection, prevention, intervention and treatment.”*

*SCCAN shall encourage all Marylanders to become involved in efforts to ensure the well-being and safety of children.*

## **Appendix F**

### **AGENCY RESPONSE TO SCCAN’s 2010 ANNUAL REPORT**

While SCCAN has not received a written response to its’ 2011 Annual Report, as required under CAPTA, the Department of Human Resources (DHR) has made the following contributions to the development of Maryland’s Child Maltreatment Prevention Plan:

- ❖ Provided funding to hire a full-time Executive Director and to purchase supplies and equipment
- ❖ Provided contract support and funding to hire Innovations Institute and the Ruth H. Young Center at the University of Maryland to complete an environmental scan of child maltreatment prevention efforts statewide. The Scan will to be used as the informational basis for the stakeholder planning process.
- ❖ Committed CAPTA funds for supporting the planning process and writing the Plan



## Appendix G

### SCCAN and Maryland Law Family Law Article As amended by HB 264

5-7A-01.

(a) There is a State Council on Child Abuse and Neglect.

(b) The Council is part of the [Office for Children, Youth, and Families]

**DEPARTMENT OF HUMAN RESOURCES** for budgetary and administrative purposes.

5-7A-02.

(a) The Council consists of up to 23 members including:

(1) [a Senator designated] **ONE MEMBER OF THE SENATE OF MARYLAND APPOINTED** by the President of the Senate [of Maryland];

(2) [a Delegate designated] **ONE MEMBER OF THE HOUSE OF DELEGATES APPOINTED** by the Speaker of the [Maryland] House [of Delegates];

(3) a representative of the Department of Human Resources, [designated] **APPOINTED** by the Secretary **OF HUMAN RESOURCES**;

(4) a representative of the Department of Health and Mental Hygiene, [designated] **APPOINTED** by the Secretary **OF HEALTH AND MENTAL HYGIENE**;

(5) a representative of the Maryland State Department of Education, designated by the Superintendent;

- (6) a representative of the Department of Juvenile Services, designated by the Secretary;
  - (7) a representative of the Judicial Branch, designated by the Chief Judge of the Maryland Court of Appeals;
  - (8) a representative of the State's Attorneys' Association, designated by the Association;
  - (9) a pediatrician with experience in diagnosing and treating injuries and child abuse and neglect, who shall be appointed by the Governor from a list submitted by the Maryland chapter of the American Academy of Pediatrics;
  - (10) members of the general public with interest or expertise in the prevention or treatment of child abuse and neglect who shall be appointed by the Governor and who shall include representatives from professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities; and
  - (11) at least two individuals who have personal experience with child abuse and neglect within their own families or who have been clients of the child protective services system who shall be appointed by the Governor.
- (b) (1) The term of a member appointed under subsection (a)(9), (10), or (11) of this section is 3 years.

(2) An appointed member may serve up to two consecutive 3-year 1 terms.

(3) [This section does not affect the term of any person who is a member of the Governor's Council on Child Abuse and Neglect on July 1, 1999.

(4)] In case of a vacancy, the Governor shall appoint a successor for the remainder of the unexpired term.

(c) All other members of the Council shall continue in office so long as they hold the required qualification and designation specified in subsection (a)(1) through (8) of this section.

5-7A-05.

(a) The Council shall operate with [three] **ONE** standing [committees] **COMMITTEE**.

(b) [The Conference Committee shall be responsible for planning and implementing the Council's annual statewide conference on child abuse and neglect. It shall include representation from the public and private sectors.

(c) The Legislative Committee shall be responsible for reviewing and making recommendations concerning legislation to improve the State's response to the problem of child abuse and neglect.

(d)] The federal Children's Justice Act Committee is established in accordance with the requirements of the federal Children's Justice Act, Public Law 100-294. It shall review and evaluate State investigative, administrative, and judicial handling of child abuse and neglect cases, and make policy and training recommendations to improve system response and intervention. The Committee shall include representatives of the State judiciary with criminal and civil trial court docket experience, law enforcement agencies, the Maryland Public Defender's Office, State's Attorneys, the Court Appointed Special Advocate (CASA) Program, health and mental health professions, child protective services programs, programs that serve children with disabilities, parent groups, and attorneys who represent children.

[ (e)] **(C)** In addition to the [three standing committees] **CHILDREN'S JUSTICE ACT COMMITTEE**, the Council may establish other ad hoc committees as necessary to carry out the work of the Council.

5-7A-07.

(a) The members and staff of the Council:

(1) may not disclose to any person or government official any 1 identifying information about any specific child protection case about which the Council is provided information; and

(2) may make public other information unless prohibited by law. (b) In addition to any other penalties provided by law, the [Special Secretary for Children, Youth, and Families] **SECRETARY OF HUMAN RESOURCES** may impose on any person who violates subsection (a) of this section a civil penalty not exceeding \$500 for each violation.

**SECTION 2. AND BE IT FURTHER ENACTED,**

That this Act shall take effect October 1, 2012.

## Appendix H

### SCCAN and CAPTA

#### SEC. 106. GRANTS TO STATES FOR CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT PROGRAMS [42 U.S.C. 5106a]

##### a. CITIZEN REVIEW PANELS.--

###### 1. ESTABLISHMENT.--

A. IN GENERAL.--Except as provided in subparagraph (B), each State to which a grant is made under this section shall establish not less than 3 citizen review panels.

###### B. EXCEPTIONS.--

###### i. ESTABLISHMENT OF PANELS BY STATES RECEIVING

MINIMUM ALLOTMENT.--A State that receives the minimum allotment of \$175,000 under section 203(b) (1) (A) for a fiscal year shall establish not less than 1 citizen review panel.

ii. DESIGNATION OF EXISTING ENTITIES.--A State may designate as panels for purposes of this subsection one or more existing entities established under State or Federal law, such as child fatality panels or foster care review panels, if such entities have the capacity to satisfy the requirements of paragraph (4) and the State ensures that such entities will satisfy such requirements.

2. MEMBERSHIP.--Each panel established pursuant to paragraph (1) shall be composed of volunteer members who are broadly representative of the community, in which such panel is established, including members who have expertise in the prevention and treatment of child abuse and neglect.

3. MEETINGS.--Each panel established pursuant to paragraph (1) shall meet not less than once every 3 months.

###### 4. FUNCTIONS.--

A. IN GENERAL.--Each panel established pursuant to paragraph (1) shall, by examining the policies and procedures of State and local agencies and where appropriate, specific cases, evaluate the extent to which the agencies are effectively discharging their child protection responsibilities in accordance with--

- i. the State plan under subsection (b);
- ii. the child protection standards set forth in subsection (b)<sup>2</sup>; and
- iii. any other criteria that the panel considers important to ensure the protection of children, including--

- I. a review of the extent to which the State child protective services system is coordinated with the foster care and adoption programs established under part E of title IV of the Social Security Act; and
- II. a review of child fatalities and near fatalities (as defined in subsection (b) (4)).

B. CONFIDENTIALITY.--

- i. IN GENERAL.--The members and staff of a panel established under paragraph (1)--
  - I. shall not disclose to any person or government official any identifying information about any specific child protection case with respect to which the panel is provided information; and
  - II. shall not make public other information unless authorized by State statute.
- ii. CIVIL SANCTIONS.--Each State that establishes a panel pursuant to paragraph (1) shall establish civil sanctions for a violation of clause (I).

5. STATE ASSISTANCE.--Each State that establishes a panel pursuant to paragraph (1)--

- A. shall provide the panel access to information on cases that the panel desires to review if such information is necessary for the panel to carry out its functions under paragraph (4); and
- B. shall provide the panel, upon its request, staff assistance for the performance of the duties of the panel.

6. REPORTS.--Each panel established under paragraph (1) shall prepare and make available to the public, on an annual basis, a report containing a summary of the activities of the panel.

## Appendix I

### 6 (of 15) MEMBERS APPOINTED BY THE GOVERNOR

| Name                                | Representing  | Jurisdiction      | Email  |
|-------------------------------------|---|-------------------|--|
| Patricia K. Cronin<br>(SCCAN Chair) | Executive Director<br>The Family Tree   | Baltimore County  | <a href="mailto:pcronin@familytreemd.org">pcronin@familytreemd.org</a>   |
| Alison J. D'Alessandro              | Director, Office of Child and Youth Protection,<br>Archdiocese of Baltimore       | Baltimore County  | <a href="mailto:adalessandro@archbalt.org">adalessandro@archbalt.org</a>   |
| Robin Davenport                     | Executive Director, CASA of Talbot and Dorchester Counties, Inc.                  | Talbot County     | <a href="mailto:rd@casaoftalbot.org">rd@casaoftalbot.org</a>   |
| Pamela Holtzinger                   | Forensic Nurse Examiner<br>SAFE Program Coordinator<br>Washington County Hospital | Washington County | <a href="mailto:cenfne@aol.com">cenfne@aol.com</a><br><a href="mailto:Pam.Holtzinger@wchsys.org">Pam.Holtzinger@wchsys.org</a> |
| Adam C. Rosenberg, Esq.             | Executive Director,<br>Baltimore Child Abuse Center                               | Baltimore County  | <a href="mailto:arosenberg@bcaci.org">arosenberg@bcaci.org</a>   |
| Margaret Williams                   | Executive Director,<br>Maryland Family Network                                    | Baltimore City    | <a href="mailto:mwilliams@friendsofthefamily.org">mwilliams@friendsofthefamily.org</a>   |

## 9 CANDIDATES FOR APPOINTMENT BY THE GOVERNOR

| Name                | Representing   | Jurisdiction           | Email  |
|---------------------|--|------------------------|--|
| Aldene M. Ault      | Chief of Child Health Services in the Maternal and Child Health Division of Prince George's County Health Department | Prince George's County | <a href="mailto:amault@co.pg.md.us">amault@co.pg.md.us</a>                           |
| Jena K. Cochrane    | Personal experience with the child protection system.  | Anne Arundel County    | <a href="mailto:jena_geb@verizon.net">jena_geb@verizon.net</a>                       |
| Samia E. Freeman    | Personal experience with the child protection system.  | Montgomery County      | <a href="mailto:Samiyah22@yahoo.com">Samiyah22@yahoo.com</a>                         |
| Ernestine Holley    | Educational Specialist, Baltimore City Public School System  | Baltimore City         | <a href="mailto:ErnHolley@aol.com">ErnHolley@aol.com</a>                             |
| Wendy G. Lane, M.D. | Maryland Chapter of the American Academy of Pediatrics   | Baltimore County       | <a href="mailto:Wlane@epi.umaryland.edu">Wlane@epi.umaryland.edu</a>                 |
| Margaret L. Nusbaum | Frederick County Government Citizens Services Division, Frederick County, MD   | Frederick County       | <a href="mailto:Mnusbaum@FrederickCounty.md.gov">Mnusbaum@FrederickCounty.md.gov</a> |

|                             |   |                        |  |
|-----------------------------|---|------------------------|--|
| Detective Willie Ollie, Jr. | Deputy Sheriff, Frederick County Maryland, Minister United Methodist Church | Frederick County       | <a href="mailto:Wollie@FrederickCountymd.gov">Wollie@FrederickCountymd.gov</a> |
| Danita Simpson              | Director, Adelphi/Langley Family Support Center                             | Prince George's County | <a href="mailto:Dsimpson@pgcrc.org">Dsimpson@pgcrc.org</a>                     |
| Allison West                | Director of Child Abuse Prevention, St. Vincent's Center                    | Baltimore County       | <a href="mailto:west_a@verizon.net">west_a@verizon.net</a>                     |

**3 SPECIALLY DESIGNATED MEMBER OF  
CHILDREN'S JUSTICE ACT COMMITTEE (CJAC)**

| <b>Name</b>     | <b>Representing</b>  | <b>Jurisdiction</b> | <b>Email</b>   |
|-----------------|--|---------------------|--|
| Anne Hoffman    | Supervisor, Sexual Abuse Unit, Child Fatality Team, Montgomery County Department of Health & Human Service, Child Welfare Services | Montgomery County   | <a href="mailto:Anne.hoffman@montgomerycountymd.gov">Anne.hoffman@montgomerycountymd.gov</a> |
| Joan Stine      | Consultant, Former Director, Center for Health Promotion Maryland Department of Health and Mental Hygiene                          | Baltimore County    | <a href="mailto:stinejg@yahoo.com">stinejg@yahoo.com</a>                                     |
| Stephen Rideout | Judicial Consultant, Retired Juvenile and Domestic Relations District Court Chief Judge, Alexandria, VA                            | Talbot County       | <a href="mailto:swrideout@aol.com">swrideout@aol.com</a>                                     |



### 8 POSITIONS FILLED BY DESIGNATION OF THEIR ORGANIZATIONS

| <b>Name</b>                    | <b>Representing</b>  | <b>Email</b>   |
|--------------------------------|--|--|
| Steven K. Berry                | Manager, In-Home Services,<br>Social Services<br>Administration<br>Maryland Department of<br>Human Resources | <a href="mailto:SBerry@dhr.state.md.us">SBerry@dhr.state.md.us</a>                   |
| Stephanie Porter,<br>Esq.      | State's Attorney Association   | <a href="mailto:sxporter@baltimorecountymd.gov">sxporter@baltimorecountymd.gov</a>   |
| Delegate Susan<br>K.C. McComas | Maryland House of<br>Delegates   | <a href="mailto:susan_mccomas@house.state.md.us">susan_mccomas@house.state.md.us</a> |
| Ralph Jones                    | Director, Child Advocacy<br>Unit, Maryland Department<br>of Juvenile Services                                | <a href="mailto:jonesr@djs.state.md.us">jonesr@djs.state.md.us</a>                   |
| Linda Koban                    | Juvenile Justice Law<br>Manager,<br>Family Administration,<br>Administrative Office of the<br>Courts         | <a href="mailto:linda.koban@mdcourts.gov">linda.koban@mdcourts.gov</a>               |
| John McGinnis                  | Pupil Personnel Specialist,<br>Maryland Department of<br>Education   | <a href="mailto:jmcginnis@msde.state.md.us">jmcginnis@msde.state.md.us</a>           |
| VACANT                         | Department of Health and<br>Mental Hygiene   |  |
| VACANT                         | Maryland Senate  |  |

### SCCAN EXECUTIVE DIRECTOR

| <b>Name</b>                | <b>Relevant Background</b>               | <b>Phone</b>                                     | <b>Email</b>   |
|----------------------------|--|--|--|
| Claudia Remington,<br>Esq. | Attorney, Mediator and<br>CASA volunteer | Office:<br>410-767-7868<br>Cell:<br>410-336-3820 | <a href="mailto:cremingt@dhr.state.md.us">cremingt@dhr.state.md.us</a> |

## Appendix J



### State Council on Child Abuse and Neglect (SCCAN)

#### **SCCAN** **SCHEDULE OF MEETING DATES 2011**

| <b><u>DATE</u></b>    | <b><u>TIME</u></b> | <b><u>LOCATION</u></b>  |
|-----------------------|--------------------|---|
| Thursday, January 6   | 1:00-3:00 PM       | St. Vincent's Center, Timonium                                    |
| Thursday, March 3     | 1:00-3:00 PM       | MD General Assembly: Judiciary Committee Hearing, Annapolis       |
| Thursday, May 5       | 1:00-4:00 PM       | University of Maryland School of School of Social Work, Baltimore |
| Thursday, July 7      | 1:00-3:00 PM       | Howard County Department of Social Services, Columbia             |
| Thursday, September 1 | 1:00-3:00 PM       | Judicial Education and Conference Center, Annapolis               |
| Thursday, November 3  | 1:00-300 PM        | Judicial Education and Conference Center, Annapolis               |



**State Council on Child Abuse and Neglect (SCCAN)**

**SCCAN**  
**SCHEDULE OF MEETING DATES 2012**

| <b><u>DATE</u></b>    | <b><u>TIME</u></b> | <b><u>LOCATION</u></b>                                       |
|-----------------------|--------------------|--|
| Thursday, January 5   | 1:00-3:00 PM       | cancelled  |
| Thursday, March 1     | 1:00-3:00 PM       | Maryland General Assembly,<br>Annapolis                      |
| Thursday, May 3       | 1:00-3:00 PM       | Judicial Education & Conference<br>Center (JECC), Annapolis* |
| Thursday, July 19     | 1:00-3:00 PM       | Judicial Education & Conference<br>Center (JECC), Annapolis* |
| Thursday, September 6 | 1:00-3:00 PM       | Judicial Education & Conference<br>Center (JECC), Annapolis* |
| Thursday, November 1  | 1:00-3:00 PM       | Judicial Education & Conference<br>Center (JECC), Annapolis* |

\*Please note that location is subject to change based on the availability of the JECC and the preference of our guest speakers. Make sure to refer to the “SCCAN meeting reminders” sent out the week prior to each meeting.



## **State Council on Child Abuse and Neglect (SCCAN)**

### **SCCAN** **SCHEDULE OF MEETING DATES 2013**

| <b><u>DATE</u></b>    | <b><u>TIME</u></b> | <b><u>LOCATION</u></b>                                    |
|-----------------------|--------------------|---|
| Thursday, January 3   | 1:00-3:00 PM       | Judicial Education & Conference Center (JECC), Annapolis* |
| Thursday, March 7     | 1:00-3:00 PM       | Maryland General Assembly, Annapolis                      |
| Thursday, May 2       | 1:00-3:00 PM       | Judicial Education & Conference Center (JECC), Annapolis* |
| Thursday, July 18     | 1:00-3:00 PM       | Judicial Education & Conference Center (JECC), Annapolis* |
| Thursday, September 5 | 1:00-3:00 PM       | Judicial Education & Conference Center (JECC), Annapolis* |
| Thursday, November 7  | 1:00-3:00 PM       | Judicial Education & Conference Center (JECC), Annapolis* |

## Appendix K



State Council on Child Abuse and Neglect (SCCAN)

### **SCCAN PREVENTION COMMITTEE** **MEETING DATES 2011**

| <b><u>DATE</u></b>   | <b><u>TIME</u></b> | <b><u>LOCATION</u></b>               |
|----------------------|--------------------|--------------------------------------|
| Thursday, February 3 | 1:00-3:00 PM       | SCCAN Office, Baltimore              |
| Thursday, April 21   | 1:00-3:00 PM       | SCCAN Office, Baltimore              |
| Thursday, June 2     | 1:00-3:00 PM       | The Krieger Foundation,<br>Baltimore |
| Thursday, October 6  | 1:00-3:00 PM       | SCCAN Office, Baltimore              |
| Thursday, December 1 | 1:00-3:00 PM       | SCCAN Office, Baltimore              |



## State Council on Child Abuse and Neglect (SCCAN)

### **SCCAN PREVENTION COMMITTEE** **MEETING DATES 2012**

| <b><u>DATE</u></b>   | <b><u>TIME</u></b> | <b><u>LOCATION</u></b>              |
|----------------------|--------------------|-------------------------------------|
| Thursday, February 2 | 1:00-3:00 PM       | The Family Tree, Baltimore*         |
| Thursday, April 5    | 1:00-3:00 PM       | Environmental Scan Review & Comment |
| Thursday, June 7     | 1:00-3:00 PM       | The Family Tree, Baltimore*         |
| Thursday, October 4  | 1:00-3:00 PM       | The Family Tree, Baltimore*         |
| Thursday, December 6 | 1:00-3:00 PM       | The Family Tree, Baltimore*         |

\*Please note that location is subject to change based on the preference of our guest speakers. Make sure to refer to the "SCCAN meeting reminders" sent out the week prior to each meeting.



## State Council on Child Abuse and Neglect (SCCAN)

### **SCCAN PREVENTION COMMITTEE** **MEETING DATES 2013**

| <b><u>DATE</u></b>   | <b><u>TIME</u></b> | <b><u>LOCATION</u></b>      |
|----------------------|--------------------|-----------------------------|
| Thursday, February 7 | 1:00-3:00 PM       | The Family Tree, Baltimore* |
| Thursday, April 4    | 1:00-3:00 PM       | The Family Tree, Baltimore* |
| Thursday, June 6     | 1:00-3:00 PM       | The Family Tree, Baltimore* |
| Thursday, October 3  | 1:00-3:00 PM       | The Family Tree, Baltimore* |
| Thursday, December 5 | 1:00-3:00 PM       | The Family Tree, Baltimore* |

\*Please note that location is subject to change based on the preference of our guest speakers. Make sure to refer to the "SCCAN meeting reminders" sent out the week prior to each meeting.

## Appendix L



State Council on Child Abuse and Neglect (SCCAN)

### **SCCAN PROSECUTION COMMITTEE** **MEETING DATES 2011**

| <b><u>DATE</u></b>    | <b><u>TIME</u></b> | <b><u>LOCATION</u></b> |
|-----------------------|--------------------|------------------------|
| Thursday, February 10 | 3:00-4:30 PM       | Via conference call    |
| Thursday, April 14    | 3:00-4:30 PM       | Via conference call    |
| Tuesday, June 28      | 1:00-2:30 PM       | Via conference call    |
| Thursday, August 16   | 11:00 AM-2:00 PM   | Via conference call    |
| Wednesday, Sept 14    | 12:00-1:30 PM      | Via conference call    |
| Thursday, Oct 13      | 3:00-4:30 PM       | Via conference call    |
| Tuesday, Nov 15       | 3:00-4:30 PM       | Via conference call    |

### **SCCAN PROSECUTION COMMITTEE** **MEETING DATES 2012-2013** **TBD-as agreed upon by the Committee**



## Appendix M



### State Council on Child Abuse and Neglect (SCCAN) Child Maltreatment Prevention 2009-2010 Key Informant Interviews

| Name                  | Organization   | Title                                | Date Interviewed |
|-----------------------|--|--------------------------------------|------------------|
| Howard Dubowitz, M.D. | Center for Child Protection<br>University of Maryland Medical System   | Director,<br>Professor of Pediatrics | 10/9/2009        |
| Diane DePanfilis, PhD | UM, Ruth H. Young Center for Families and Children   | Associate Dean,<br>Director          | 10/14/2009       |
| Richard Barth, PhD    | UM, School of Social Work  | Dean                                 | 10/15/2009       |
| Margaret Williams     | Maryland Family Network  | Executive Director                   | 10/27/2009       |
| Scott Krugman, M.D.   | Franklin Square Hospital   | Chairman of Pediatrics               | 10/29/2009       |
| Charlie Cooper        | Citizens' Review Board for Children  | Director, Retired                    | 11/19/2010       |
| Larry Wissow, M.D.    | Johns Hopkins, Department of Health, Behavior, and Society, Bloomberg School of Public Health  | Professor, Child Psychiatrist        | 11/19/2010       |
| David W. Lloyd        | Family Advocacy Program<br>U.S. Department of Defense<br>Office of the Deputy Under-Secretary (Personnel and Readiness/Military Community and Family Policy) | Director                             | 1/13/2010        |
| Bonnie Birkel         | Center for Maternal and Child Health<br>Department of Health and Mental Hygiene  | Director                             | 1/27/2010        |

| Name                                  | Organization   | Title  | Date Interviewed |
|---------------------------------------|--|--|------------------|
| Adam Rosenberg                        | Baltimore Child Abuse Center   | Executive Director                           | 1/27/2010        |
| John McGinnis                         | Maryland State Department of Education   | Pupil Personnel Specialist                   | 3/4/2010         |
| Steve Berry                           | Maryland Department of Human Resources, Social Services Administration   | Manager, In-Home Services                    | 3/9/2010         |
| Alison D'Alessandro                   | Office of Child and Youth Protection, Archdiocese of Baltimore   | Director                                     | 3/18/2010        |
| Melissa Lim Brodowski, M.S.W., M.P.H. | U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau, Office of Child Abuse and Neglect | Federal Project Officer                      | 3/26/2010        |
| Stephanie Porter                      | State's Attorney Association   | Assistant State's Attorney, Baltimore County | 3/26/2010        |
| Mitch Mirviss                         | Venable, LLP   | Partner                                      | 6/11/2010        |
| Rosemary King Johnston                | Governor's Office for Children   | Executive Director                           | 10/29/2010       |
| Shanda Crowder                        | Governor's Office for Children   | Chief, Interagency Initiatives               | 10/29/2010       |
| Carnitra White. M.S.W.                | Department of Human Resources, Social Services   | Executive Director                           | 11/15/2010       |
| Debbie Ramelmeier                     | Department of Human Resources, Social Services Administration  | Director for Children and Family Services    | 11/15/2010       |



**State Council on Child Abuse and Neglect (SCCAN)  
Child Maltreatment Prevention  
2011 Key Informant Interviews**

| Name   | Organization  | Title  | Date Interviewed |
|--|---|--|------------------|
| Rev. Dr.<br>Mankekolo<br>Mahlangu-<br>Ngcobo | Coppin State University   | Adjunct Professor  | 1/18/2011        |
| Lucia Barger                                 | Garrett County<br>Partnership for Children<br>and Families              | Data Analyst   | 1/24/2011        |
| Earleen<br>Beckman,<br>R.N.                  | Garrett County Health<br>Department, Healthy<br>Families Garrett County | Program Director   |                  |
| Anne<br>Hoffman,<br>LCSW-C                   | Montgomery County<br>Department of Social<br>Services                   | Supervisor, Child Welfare<br>Services  | 2/4/2011         |
| Al Zachik,<br>M.D.                           | Department of Health<br>and Mental Hygiene                              | Director, Child &<br>Adolescent Services   | 2/7/2011         |
| Carlo C.<br>DiClemente,<br>PhD               | Department of<br>Psychology, University<br>of Maryland                  | Professor and Chair  | 2/23/2011        |
| Philip J. Leaf,<br>PhD                       | Johns Hopkins<br>Bloomberg School of<br>Public Health                   | Director, Center for the<br>Prevention of Youth<br>Violence  | 2/28/2011        |
| Andrea<br>Gielen, PhD                        | Johns Hopkins<br>Bloomberg School of<br>Public Health                   | Director, Center for Injury<br>Research and Policy   | 3/31/2011        |
| Linda Heisner                                | Heisner, LLC Consulting   | Human Services,<br>Education<br>Public Policy Consultant,<br>Former DHR, Director for<br>Children and Family<br>Services | 3/31/2011        |
| Sabrena<br>McAllister,<br>M.S.W.             | Citizens Review Board<br>for Children                                   | Administrator/Director   | 6/17/2011        |

|   |  |   |            |
|---|--|---|------------|
| Melissa Rock, J.D.                        | Advocates for Children and Youth   | Child Welfare Director  | 6/17/2011  |
| Rhonda Lipkin, J.D.                       | Public Justice Center  | Lead Attorney, Educational Stability Project  | 6/17/2011  |
| Molly Mara, ,                             | Office of Health Services, Medicaid DHMH-Department of Health and Mental Hygiene   | Special Assistant to the Executive Director,  | 10/7/2011  |
| Frank Kros, J.D., M.S.W.                  | Upside Down Organization<br>The Children's Guild   | President<br>Executive Vice-President   | 10/17/2011 |
| Joan B. Gillece, PhD                      | National Coordinating Center for the Seclusion and Restraint Reduction Initiative and the National Center for Trauma Informed Care | Project Director  | 10/26/2011 |
| *Wendy Lane, M.D., M.P.H.                 | University of Maryland, School of Medicine   | Pediatrician, Researcher, Associate Professor, Board Certified Pediatrics & Preventive Medicine | 11/2/2011  |
| Jennie Boden                              | M-CASA, Maryland Coalition Against Sexual Assault  | Executive Director  | 11/4/2011  |
| Elizabeth Bartholomew                     | Maryland Department of Public Safety and Correctional Services   | <b>Manager, Maryland Sex Offender Registry</b>  | 11/8/2011  |
| Jeffrey Zuback                            | Maryland Statistical Analysis Center at the Governor's Office of Crime Control and Prevention                                      | Director  | 11/15/2011 |
| Rachel Kesselman                          |  | Statistical Analyst   |            |
| Joe Ehrmann                               | Coach for America  | Athlete, Coach, Educator, Speaker   | 11/21/2011 |
| Jude Cassidy, Ph.D. (Circles of Security) | The Maryland Child and Family Development Laboratory, University of Maryland, College Park   | Director<br>Professor of Psychology   | 11/22/2011 |

|                             |   |   |            |
|-----------------------------|---|---|------------|
| Elizabeth LeTourneau, Ph.D. | Johns Hopkins School of Public Health, Department of Mental Health                                      | Associate Professor (Child Sexual Abuse)  | 12/11/2011 |
| Charlie Slaughter, MPH, RD  | Connecticut Department of Children and Families, Division of Prevention<br>Circle of Security-Parenting | Director<br><br>Trainer                   | 12/15/2011 |
| Deborah Harris, LISW,       | New Mexico Early Childhood Mental Health Consultation and Training                                      | IMH-E (IV)<br>Infant Mental Health Mentor | 12/15/2011 |
| Joyce Dantzler              | DHMH, Office of Chronic Disease Prevention  | Deputy Director                           | 12/16/2011 |



### **State Council on Child Abuse and Neglect (SCCAN) By-Laws As revised May 2011**

#### **I. BACKGROUND**

##### **A. Authorizing Legislation**

The State Council on Child Abuse and Neglect (SCCAN), (formerly, the Governor's Council on Child Abuse and Neglect), was originally established on April 29, 1986 by Executive Order 01.01.1986.07 and amended by 01.01.1986.13. The Maryland Legislature established SCCAN as part of the Office for Children, Youth and Families for budgetary and administrative purposes in Family Law Article § 5-7A-01 through § 5-7A-09 in 1999. The Department of Human Resources assumed responsibility for budgetary and administrative support of SCCAN in early 2006. In addition, the Federal Child Abuse Protection and Treatment Act (CAPTA) requires each State to which a CAPTA grant is made to establish citizen review panels. SCCAN is one of three operating in the State of Maryland. The other two citizen review panels are the Citizens Review Board for Children and the State Child Fatality Review Team.

##### **B. Purpose**

*The Council shall, by examining the policies and procedures of State and local agencies and specific cases that the Council considers necessary to perform its duties under this section, evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities (1).*

*The Council shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations (2).*

*The Council shall coordinate its activities under this section with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort (1).*

#### **II. ORGANIZATION STRUCTURE**

##### **A. Membership**

1. The Council consists of *up to 23 members (1)*. Members are persons either formally designated to SCCAN by their organizations or formally appointed to SCCAN by the Governor.

2. Fifteen members are appointed by the Governor and may *serve up to two consecutive 3-year terms. In case of a mid-term vacancy, the Governor shall appoint a successor for the remainder of the unexpired term (1).*
3. *The Governor shall select a chairperson from among members of the Council. The Council may select a Vice-Chairperson to chair regular meetings in the absence of the Chair.*
4. The Council may recommend to the Appointing Authority nominees for the Governor's appointment of new SCCAN members and the SCCAN Chair.
5. The remaining eight members are designated by their respective organizations and may *hold office so long as they hold the required designation (1).*

**B. Committees**

1. The Council operates with the following standing Committee described below:

*The Federal Children's Justice Act Committee (CJAC) is established in accordance with the requirements of the Federal Children's Justice Act, Public Law 100-294. It shall review and evaluate state investigative, administrative and judicial handling of child abuse and neglect cases, and make policy and training recommendations to improve system response and intervention. The committee shall include representative of the State judiciary with criminal and civil trial court docket experience, law enforcement agencies, the Maryland Public Defender's Office, State's Attorney's, the Court Appointed Special Advocate (CASA) program, health and mental health professionals, child protective services program, programs that serve children with disabilities, parents groups, and attorneys who represent children (1).*

2. *The Council may establish Ad Hoc committees as necessary to carry out the work of the Council (1).*
3. The CJAC chairperson, or their designee, serves as a liaison and attends regular meetings of SCCAN.

### **III. DUTIES AND RESPONSIBILITIES**

**A. Council**

1. *The Council shall report and make recommendations no less than annually to the Governor and the General Assembly on matters relating to the prevention, detection, assessment, prosecution and treatment of child abuse and neglect, including policy and training needs that require the attention and action of the Governor of the General Assembly (1).*
2. *The Council shall annually prepare and make available to the public a report containing a summary of its activities (1).*

3. *The Council may request that a local citizens review panel established under § 5-539.2 of this title conduct a review under this section and report its findings to the Council (1).*
4. *The Council shall coordinate its activities under this section with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort (1).*

**B. Members**

1. Council members are expected to attend scheduled meetings of the full Council, as required by state statute. (3) Members shall notify the Chair or Staff in advance of expected absence from scheduled meetings.
2. Council members who fail to attend at least 50% of the (regular) meetings during any consecutive 12-month period shall be considered to have resigned. *If the individual has been unable to attend meetings for reasons satisfactory to the Governor, the Governor may waive the resignation if the reasons are made public. (3)*
3. Council members are expected to fulfill consensus decision-making responsibilities of members listed under Section V below.
4. Council members are expected to serve on at least one standing or ad hoc committee of SCCAN.
5. Council members *may not disclose to any person or government official any identifying information about any specific child protection case about which the Council is provided information (1).*
6. As referenced in their appointment letters and in accordance with the Maryland Public Ethics Law, Council members must disclose for exemption any employment, professional relationships or other interests that may pose a conflict with their service on the Council.

**C. Chair**

1. The Chair, in coordination with the SCCAN Executive Director, shall develop the meeting agenda with input from the SCCAN members.
2. The Chair shall determine the site of the meetings until a permanent location is designated.
3. The Chair may invite special guests and presenters to regular meetings.
4. The Chair determines quorum.
5. The Chair leads, and, the Executive Director facilitates, each regular and special meeting of the Council.
6. The Chair may call a special meeting for important matters that need immediate attention and cannot wait for a regular meeting.
7. The Chair may direct assignments to SCCAN Committees, members and staff with instruction, guidance, assumptions and timeframes.



8. The Chair fulfills consensus decision-making responsibilities of the Chair listed under Section V below.
9. *The chairperson of the Council may designate members of the Children's Justice Act Committee as special members of the Council for the purpose of carrying out the duties set forth in this section (1).*

#### **IV. MEETING PROTOCOLS**

##### **A. Regular Meetings**

SCCAN shall hold regular meetings *not less than once every three months (1).*

##### **B. Meeting Agenda**

The order of business shall be as follows when the final agenda is approved:

1. Opening of the meeting
2. Approval of the meeting notes of the previous meeting.
3. Chair report and Committee reports
4. Special reports/presentations
5. Unfinished Business
6. New Business
7. Announcements
8. Adjourn

##### **C. Meeting Notices**

1. SCCAN meetings shall be scheduled and notice given to members as far in advance as possible. The Staff shall be responsible for issuance of the meeting notices and agenda for the next regular meeting not less than five working days before the scheduled meeting.
2. As a public body within State government, SCCAN is required to “*give reasonable advance notice of the session ... by publication in the Maryland Register.*” (4) SCCAN staff is responsible for reasonable advance notice.

##### **D. Quorum**

The quorum necessary to transact official business of the Council shall be no less than 50% of the members. Decisions made by members attending a regular meeting of SCCAN who constitute less than a quorum may be confirmed at the next regular meeting for which there is a quorum. In instances where more immediate action is required, the Chair may call for confirmation via an email response from members.

##### **E. Meeting Notes**

1. Staff shall be responsible for preparing meeting notes for SCCAN regular meetings and mailing the draft notes to SCCAN members within ten working days of the meeting.
2. SCCAN members should review the notes and communicate to staff within five working days any comments, additions or objections to that which is

recorded in the notes. Objections or conflicting opinions on the draft meeting notes shall be resolved at the next SCCAN meeting, or if necessary, by the Chair in the interim.

## V. CONSENSUS DECISION MAKING (5)

### A. Governing Interactions Between Participants

1. **Only one person will speak at a time.** And no one will interrupt when another person is speaking.
2. Each person agrees to candidly identify **the interests of the constituency she represents.**
3. Each person will **express his own views**, rather than speaking for others at the table or attributing motives to them.
4. Each person will **avoid grandstanding** (i.e., making extended comments or asking repeated questions), so that everyone has a fair chance to speak and to contribute.
5. **No one will make personal attacks.** Participants agree to challenge ideas, not people. If a personal attack is made the chair will ask the participants to refrain from personal attacks. If personal attacks continue, the Executive Director may ask the group to take a break to “cool off.”
6. Each person will make every effort to **stay on track with the agenda** and to move the deliberations forward.
7. Each person will seek to **focus on the merits of what is being said**, making a good faith effort to understand the concerns of others. Clarifying questions are encouraged; rhetorical questions and disparaging comments are discouraged.
8. Each person will seek to follow a “**no surprises**” rule – voicing her concerns whenever they arise. In this way, no one will be taken off-guard late in the deliberations when someone suddenly raises an objection.
9. Each person will seek to **identify options or proposals that represent common ground**, without glossing over or minimizing legitimate disagreements. Each participant agrees to do his best to take account of the interests of the group as a whole.
10. Each person **reserves the right to disagree** with any proposal and **accepts responsibility for offering alternatives** that accommodates her interests as well as the interests of others.
11. Each person agrees to **keep the constituencies he or she represents informed** about the issues and options under discussion and to **seek their input and advice on any recommendations** that emerge.
12. Each person will **speak to the media about only his own views.** No member will speak on behalf of other participants or the group as a whole.

## B. Governing Group Decision Making

1. Each person agrees to fully and consistently **participate in the process unless that person withdraws**. If participants are thinking of withdrawing, they agree to explain their reasons for doing so and to give the others a chance to accommodate their concerns.
2. **Consensus is reached** when the participants agree that they can “live with” the package being proponed. Some participants may not agree completely with every feature of the package as proposed, but they do not disagree enough to warrant opposition to the whole package.
3. The following scale will be used periodically by the chair to test whether consensus has been reached. **Using straw votes**, participants would express their level of comfort and commitment by indicating:
  - a. Wholeheartedly agree
  - b. Good idea
  - c. Supportive
  - d. Reservations – would like to talk
  - e. Serious concerns – must talk
  - f. Cannot be part of the decision – must block it
4. If the stakeholder **representatives cannot reach consensus**, they agree to document the agreements they have reached, clarify the reasons for disagreeing, and indicate how the remaining disagreements might be resolved.
5. The participants will consider their **“fallback” option if no agreement can be reached**, including mechanisms that provide incentives for the participants to continue trying to reach agreement. Fallback options include:
  - a. identifying issues requiring further research and suspending deliberations until that research has been completed;
  - b. agreeing to switch to a super-majority voting rule (e.g., something like a 75-percent or 80-percent majority would be required);
  - c. seeking a recommendation from an independent expert regarding possible ways of resolving their remaining disagreements. This might provide a “reality check” that encourages one or more parties to come back to the table with more realistic expectations;
  - d. including a minority report;
  - e. letting an authorized decision maker impose a decision.

## VI. OFFICIAL RECORD KEEPING

- A. The Council shall keep official records of all its activities, including annual reports, conference files, minutes and reports of all meetings.
- B. On behalf of the Council, the SCCAN Executive Director shall be the custodian of the files and records.

- C. SCCAN shall keep records of all expenditures and revenues, regardless of source, that relate in accordance with a schedule to be developed pursuant to the Maryland Department of General Services Records Management Handbook (as revised January 1993).

## **VII. AMENDMENTS**

These by-laws may be amended, at any meeting of the Council by a vote of not less than 2/3 of SCCAN members, provided that written notice of the proposed amendment and a copy of the amendment have been sent to all Council members at least five working days prior to the meeting. Provided that this written notice is met, and the quorum requirement cited in Section IV.D. is met, the amendment requirement of 2/3 may be met through email confirmation by members not in attendance.

### *References:*

- (1) *Family Law Article § 5-7A-01 through § 5-7A-09*
- (2) *Child Abuse Protection and Treatment Act, Title 42, Chapter 67, Subchapter I, § 5106a*
- (3) *State Government Article § 8-501*
- (4) *State Government Article § 10-506*
- (5) *Excerpted from Lawrence E. Susskind and Jeffrey L. Cruikshank, Breaking Robert's Rules, Appendix B (Oxford University Press 2006).*



## **State Council on Child Abuse and Neglect (SCCAN) Council Leadership Development Procedures**

Recognizing that candidates will come into the process at various points, the SCCAN has agreed that, ideally, the process should follow this course:

1. SCCAN members notify the Executive Director of promising candidates for SCCAN membership. At this stage of the process, conversation with the prospective member centers on their interest in providing input to SCCAN. Any conversation about SCCAN membership will take place during the Step #4 meeting.
2. The Executive Director gathers information about the candidate and the Executive Committee discusses how the possible candidate might fit with current recruitment goals. Even if the candidate is found to be not appropriate in terms of current recruitment goals, the Committee may elect to continue this process through Step #5, and then hold the candidate's name until there is an appropriate opening.
3. Assuming that the Executive Committee members are in agreement that the candidate is a good prospect for SCCAN, the name is emailed to members of the full Council for input.
4. Assuming no objections or concerns surfaced in response to the email, SCCAN members who know the candidate and staff (optimally, at least three Council and staff total) meet with the prospective candidate and, if appropriate, ask the candidate to put his/her name into consideration as a nominee.
5. The Executive Committee nominates the candidate at a meeting of the full Council. By this time, most if not all Council members have had ample opportunity to consider this person's nomination, and the vote should be unanimous in favor of the nominee.
6. The SCCAN-endorsed nominee's name and resume are submitted to the DHR Secretary for her/his endorsement. The Secretary then forwards the nomination, including resume and completed CV Form to the Secretary of Appointments in the Governor's Office.
7. The final step in the process is receipt by the nominee of an appointment letter signed by the Governor.
8. All the above Steps 1 through 6 are completed if there is a vacant position on the Council that needs to be filled. If a candidate is recommended when there are currently no vacant positions on the Council for which this candidate would be appropriate, then Steps 1 through 5 would be completed and the nominee's name held until there is an appropriate opening.



## **State Council on Child Abuse and Neglect (SCCAN) SCCAN Member Duties & Responsibilities**

### **DUTIES AND RESPONSIBILITIES OF SCCAN:**

#### **➤ PREPARE ANNUAL REPORT:**

- *The Council shall, by examining the policies and procedures of State and local agencies and specific cases that the Council considers necessary to perform its duties under this section, evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities.*
- *Report and make recommendations no less than annually to the Governor and the General Assembly on matters relating to the prevention, detection, assessment, prosecution and treatment of child abuse and neglect, including policy and training needs that require the attention and action of the Governor of the General Assembly.*
- *Annually prepare and make available to the public a report containing a summary of its activities.*

#### **➤ PROVIDE FOR PUBLIC OUTREACH & COMMENT:**

- *The Council shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community and in order to meet its obligations.*

#### **➤ COORDINATE WITH CRBC & CFRT:**

- *The Council shall coordinate its activities under this section with the State Citizens Review Board for Children, local citizens review panels, and the child fatality review teams in order to avoid unnecessary duplication of effort.*

### **Duties and Responsibilities of Individual SCCAN Members:**

- Complete initial orientation.
- Attend and participate in all scheduled Council meetings. Notify the Chair or Staff in advance of expected absence from scheduled meetings. Attendance at a minimum of half of all scheduled Council meetings is required for continued membership.
- Come to each Council and committee meeting prepared by reading and studying all materials and completing any assignments prior to the meeting.



## **State Council on Child Abuse and Neglect (SCCAN)**

### **SCCAN Member Duties & Responsibilities**

- Fulfill consensus decision-making responsibilities as laid out in “SCCAN Etiquette for Consensus Building”.
- Serve on at least one standing or ad hoc committee of SCCAN.
- Assist in the compilation of an annual report by serving on either, the PREVENTION, DETECTION, PROSECUTION, or TREATMENT annual report subcommittees; and by gathering information, analyzing that information with colleagues and generating recommendations for the annual report.
- Attend and participate in all scheduled committee meetings. Notify the Chair or Staff in advance of expected absence from scheduled meetings. Attendance at a minimum of half of all scheduled committee and subcommittee meetings is required for continued membership.
- Attend and participate in annual Council planning or education retreat.
- Participate regularly in public outreach and advocacy activities of SCCAN. Act as an ambassador in communities, both private and professional, as an effective advocate for SCCAN recommendations.
- Disclose for exemption any employment, professional relationships or other interests that may pose a conflict with their service on the Council.
- Not disclose to any person or government official any identifying information about any specific child protection case about which the Council is provided information.

#### **Terms of Office:**

- Fifteen members are appointed by the Governor and may serve up to two consecutive 3-year terms. In case of a vacancy, the Governor shall appoint a successor for the remainder of the unexpired term.
- The remaining eight members are designated by their respective organizations and may hold office so long as they hold the required designation.



## **State Council on Child Abuse and Neglect (SCCAN) Criteria for Membership Recruitment & Endorsement**

### **PERSONAL QUALITIES**

- Willingness to commit time to Council meetings, committee meetings, planning sessions, special events
- Open-minded/willingness to explore other viewpoints/perspectives
- Sensitivity to cultural, ethnic and economic diversity
- Genuine concern and compassion for those involved in the child protection system. An understanding of /willingness to learn and understand the dynamics of domestic violence
- Team player-works well in a group
- Works constructively
- Creative
- Self-starter
- Listens well
- Thoughtful in considering issues
- Eager to learn
- Willingness to follow “SCCAN Etiquette for Consensus Building”

### **AGGREGATE DIVERSITY ON THE COUNCIL**

- Age
- Ethnicity
- Gender
- Geography
- Professional/Personal Experience
- Race
- Skill sets





**State Council on Child Abuse and Neglect (SCCAN)**  
**Criteria for Membership Recruitment & Endorsement**

**PERSONAL/PROFESSIONAL EXPERIENCE**

Council membership may include, but is not limited to:

- Business and corporate representatives
- Child Advocates and guardians *ad litem*
- Clergy and representatives from communities of faith
- Community leaders/activists
- Concerned community members
- Domestic violence/Family violence advocates
- Educators: teachers, counselors and school administrators
- Foster parents
- Health professionals: doctors, nurses, nurse practitioners, etc.
- Law enforcement
- Legal professionals: lawyers, judges, court service workers, etc.
- Media advisors
- Mental health professionals
- Mentally or physically disabled persons advocates
- Non-profit administrators
- Parent representatives
- Public health workers
- Social workers
- Substance abuse professionals

**SKILL SETS:**

- Access to Financial Resources
- Community Organizing
- Connections to Diverse Communities
- Data collection & analysis expertise
- Facilitation & Conflict Resolution Skills
- Finance & Accounting Expertise
- Frontline perspectives: social workers, law enforcement, medical professionals, teachers, CASAs
- Fundraising
- Grassroots Organizing

- Grant writing skills
- Influential Champions of CAN Prevention
- Knowledge the cross-connections between substance abuse and child maltreatment
- Knowledge of Economics as it applies to Poverty and CAN
- Knowledge of Federal Government as it relates to CAN
- Knowledge of State Government as it relates to CAN:
  - Executive
  - Legislative
  - Judiciary
- Knowledge of Local Government and/or Local Management Boards
- Legislative experience
- Long Range Planning
- Marketing & Public Relations skills
- Media Relations skills
- Political connections
- Research skills
- Results Accountability Expertise
- Significant Financial Resources
- Technology



## State Council on Child Abuse and Neglect (SCCAN)

### SCCAN ETIQUETTE for CONSENSUS BUILDING<sup>1</sup>

#### Governing Interactions between Participants

1. **Only one person will speak at a time** and no one will interrupt when another person is speaking.
2. Each person agrees to candidly identify **the interests of the constituency she represents**.
3. Each person will **express his own views**, rather than speaking for others at the table or attributing motives to them.
4. Each person will **avoid grandstanding** (i.e., making extended comments or asking repeated questions), so that everyone has a fair chance to speak and to contribute.
5. **No one will make personal attacks**. Participants agree to challenge ideas, not people. If a personal attack is made the chair will ask the participants to refrain from personal attacks. If personal attacks continue, the chair may ask the group to take a break to “cool off.”
6. Each person will make every effort to **stay on track with the agenda** and to move the deliberations forward.
7. Each person will seek to **focus on the merits of what is being said**, making a good faith effort to understand the concerns of others. Clarifying questions are encouraged; rhetorical questions and disparaging comments are discouraged.
8. Each person will seek to follow a “**no surprises**” rule – voicing her concerns whenever they arise. In this way, no one will be taken off-guard late in the deliberations when someone suddenly raises an objection.
9. Each person will seek to **identify options or proposals that represent common ground**, without glossing over or minimizing legitimate disagreements. Each participant agrees to do his best to take account of the interests of the group as a whole.
10. Each person **reserves the right to disagree** with any proposal and **accepts responsibility for offering alternatives** that accommodate her interests as well as the interests of others.
11. Each person agrees to **keep the constituencies he or she represents informed** about the issues and options under discussion and to **seek their input and advice on any recommendations** that emerge.
12. Each person will **speak to the media about only his own views**. No member will speak on behalf of other participants or the group as a whole.

---

<sup>1</sup> Lawrence E. Susskind and Jeffrey L. Cruikshank, *Breaking Robert's Rules*, Appendix B (Oxford University Press 2006).



State Council on Child Abuse and Neglect (SCCAN)

**SCCAN ETIQUETTE**  
**for CONSENSUS BUILDING**

**Governing Group Decision Making**

1. Each person agrees to fully and consistently **participate in the process unless that person withdraws**. If participants are thinking of withdrawing, they agree to explain their reasons for doing so and to give the others a chance to accommodate their concerns.
2. **Consensus is reached** when the participants agree that they can “live with” the package being proposed. Some participants may not agree completely with every feature of the package as proposed, but they do not disagree enough to warrant opposition to the whole package.
3. The following scale will be used periodically by the chair to test whether consensus has been reached. **Using straw votes**, participants would express their level of comfort and commitment by indicating:
  - a. Wholeheartedly agree
  - b. Good idea
  - c. Supportive
  - d. Reservations – would like to talk
  - e. Serious concerns – must talk
  - f. Cannot be part of the decision – must block it
4. If the stakeholder **representatives cannot reach consensus**, they agree to document the agreements they have reached, clarify the reasons for disagreeing, and indicate how the remaining disagreements might be resolved.
5. The participants will consider their **“fallback” option if no agreement can be reached**, including mechanisms that provide incentives for the participants to continue trying to reach agreement. Fallback options include:
  - a. identifying issues requiring further research and suspending deliberations until that research has been completed;
  - b. agreeing to switch to a super-majority voting rule (e.g., something like a 75-percent or 80-percent majority would be required);
  - c. seeking a recommendation from an independent expert regarding possible ways of resolving their remaining disagreements. This might provide a “reality check” that encourages one or more parties to come back to the table with more realistic expectations;
  - d. including a minority report;
  - e. letting an authorized decision maker impose a decision.



## STATE COUNCIL ON CHILD ABUSE AND NEGLECT PUBLIC POLICY ADVOCACY GUIDELINES

### I. GENERAL STATEMENT

In order to achieve its mission, SCCAN engages in advocacy activities, including public policy advocacy. SCCAN advocates policies, practices and programs that encourage our state policy makers to, in the words of our mission statement, *“promote the development and implementation of optimal strategies for detection, prevention, intervention and treatment of child abuse and neglect, and . . . encourage all Marylanders to become involved in efforts to ensure the well-being and safety of children.”*

SCCAN is an advisory body to the Governor and Legislature and consists of up to twenty-three members, most of whom are private citizens appointed by the Governor of Maryland. Members are representatives of professional and advocacy groups, private social service agencies, and the medical, law enforcement, education, and religious communities. At least two members have personal experience with child abuse and neglect within their own families or have been clients of the child protective services system. Nine members of SCCAN are designated representatives of their respective organizations including the Maryland Senate, Maryland House of Delegates, Department of Human Resources, Department of Health and Mental Hygiene, Department of Education, Department of Juvenile Services, Judicial Branch, State’s Attorneys’ Association and Maryland Chapter of the American Academy of Pediatrics.

As an advisory body, SCCAN follows Council and Commission Legislative Protocol set out in Office of the Attorney General Opinions. SCCAN does not support or oppose candidates for public office or political parties and only acts on issues related to SCCAN’s federal and state mandates and its current public policy framework. SCCAN works with both political parties in making and implementing public policy and in all legislative matters.

Perhaps the most valuable role SCCAN plays in the public policy arena is as expert advisor to the Governor and Legislature.

Public policy positions will be taken only after thorough deliberation and open dialogue among SCCAN members, who must reach consensus on any position taken. SCCAN therefore will not take action on new issues that need a response within a short time frame.

### II. CRITERIA FOR PUBLIC POLICY POSITIONS

SCCAN will take positions on public policy issues that meet at least one of these criteria:

- A. Affects SCCAN’s ability to work toward its mission *and* falls under the current priority issue(s);
- B. Affects SCCAN’s budget and staffing.

### III. PROCESS TO DETERMINE POSITIONS ON PUBLIC POLICY ISSUES

- A. In July of each year, SCCAN's Executive Director will survey the membership of the Council to develop a list of suggested public policy priorities for the upcoming legislative Session. Members wishing to propose a public policy priority will complete the SCCAN Annual Report Findings & Recommendations form and provide information about the issue, known supporters and opponents of the recommendation, and arguments for and against it. Based on input that will be solicited from members, partners, and stakeholders, the Executive Committee will identify "priority issues" with recommendations and rank them in order of importance. These priority issues will be submitted to the Council at its September meeting for members' consideration. There must be a consensus of the Council to adopt the recommended issues and their priorities. What is approved becomes SCCAN's public policy agenda for the upcoming Session.
- B. All advocacy activities must align with SCCAN's current strategic direction. Decisions made by the Council will take into consideration SCCAN's available resources, including knowledge, skills, and infrastructure for engagement in public policy advocacy. If SCCAN takes on an issue, it wants to be successful, realizing that effective public policy advocacy builds respect and credibility among policy makers and other stakeholders, including the public.
- C. In addition to the annual process of priority issue identification by all Council members, members of SCCAN's Executive Committee, who are appointed by the Council Chair, may at any time identify issues of interest or concern and determine if such issues should become subjects for advocacy by SCCAN. A majority of Executive Committee members is needed to include a specific issue as a "priority issue."
- D. Only the Council Chair and/or the Executive Director may speak or take action on public policy issues -- local, state, or federal -- on behalf of SCCAN.
- E. The Executive Director will organize and facilitate communication among all parties in SCCAN's public policy advocacy work.

### IV. PARTICIPATION IN COALITIONS

- A. SCCAN may work with coalitions such as the Coalition to Protect Maryland's Children in pursuit of its policy agenda. This is often an effective advocacy strategy.
- B. SCCAN may take part in the advocacy work of a coalition, association, network, or governmental agency provided the work is not in conflict with SCCAN's mission and current public policy priorities.

Date: May 5, 2011



## STATE COUNCIL ON CHILD ABUSE AND NEGLECT

### SCCAN PROCESS FOR DEVELOPING ANNUAL REPORT FINDINGS AND RECOMMENDATIONS

1. Anyone can propose a **FINDING** for consideration by SCCAN and/or its Committees. This includes Council members, staff, and members of the public. For the sake of consistency this should be done using the attached template to document a proposed Finding, and to provide a short background statement and factual basis to support and/or justify the proposed Finding.
2. Findings should be submitted electronically to Council staff ([cremingt@dhr.state.md.us](mailto:cremingt@dhr.state.md.us)) so that they may be logged in for tracking purposes, and assigned to the appropriate committee for consideration.
3. If a majority of the committee agrees to consider a proposed Finding, the committee should develop one or more **RECOMMENDATION(S)** for consideration by the full Council for forwarding to the Governor and General Assembly in the SCCAN Annual Report, including an analysis of the potential impacts of implementing the Recommendation(s).
4. The committees are responsible for identifying Findings and forwarding proposed Recommendations to the full Council. They may also choose to assign working groups, committee members, and/or staff, with Council Member input, to develop the impact analysis of implementing Recommendations. (Please see the attached Findings and Recommendations.)
5. Findings and Recommendations are submitted to the Governor and General Assembly on a calendar year. Proposed Findings and Recommendations should be received no later than December 1<sup>st</sup> to allow time for Council consideration and inclusion in the report of that calendar year.



## STATE COUNCIL ON CHILD ABUSE AND NEGLECT

Date Received:  
Submitted by:  
Forwarded to:  
Process and Template Approval Date:

---

### FINDING AND RECOMMENDATION(S)

Submitted by: \_\_\_\_\_

**Finding:** *(Please describe conclusions reached after investigation and/or evaluation of the facts)*

**Background and Supporting Evidence:** *(A short statement justifying the Finding and describing desired outcome(s); usually no more than half a page.)*

**Recommendation(s)** *(Based upon an analysis of the Finding, the following recommendation(s) should be made to the Governor and General Assembly):*

**Impacts of Implementation:** *(The implementation of any Recommendation is likely to have specific impacts. Consider potential consequences related to each of the following areas):*

Analysis of impacts on the following factors is REQUIRED (Best Estimate):

- ☐ Cost
- ☐ Funding source
- ☐ Staffing
- ☐ Existing regulations and/or laws

Analysis of impacts on the following factors is OPTIONAL:

- ☐ Operational
- ☐ Social
- ☐ Political
- ☐ Policy
- ☐ Health and Safety
- ☐ Environmental
- ☐ Interagency



When I approach a child, he inspires in me two sentiments; tenderness for what he is, and respect for what he may become.

~Louis Pasteur

